AMERICAN LEGION AUXILIARY LINN COUNTY MEMORIAL UNIT NO. 538

Linneus, Missouri 64653 \$100.00 Scholarship School Year Beginning Fall __2020____

	AP	PLICATIO	N FOR SCHO	LARSHIP		
Section I. Information	on to be sup	plied by app	plicant:			
Please Print Name in	Full_					
		First	Midd	le name in full	Last	
Date of Birth	Male	Female	Birthplace			
,,				Town	State	
Full Name of						
Parent or Guardian _						
Permanent Address	of			•		
		#e5"				
Parent or Guardian _	Street or I	Route	Town	County	y State	Zip
Father's Occupation				•		•
Mother's Occupation	<u> </u>		1.1		· ·	
Number of brothers a	and sisters of	older than vo	ou	voung	er	
Are you the child of	a veteran?	,	grandchild'	?	other?	,
PATRIOTISM—As willingness to defend	l our Flag a	gainst all er	nemies foreign	or domestic. Do	o you agree?	
What college do you				······································		
Date you expect to en	nter: (Ivion	ın and Year	<i>F</i> .			
Do you plan to comm	nute from h	ome?	If not, where	do you plan to	live?	
Please list all other been granted for the Name of Fina	coming sch		f financial aid	ls for which you Has it been gra		l or have
What will be your m	ajor college	study and	what are your o	educational plan	s?	
				Signature of A	policant	
After you have comp	leted your	nart of this	application pro			ounselor
for his/her certification						

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Section II. Information to b			
This is to certify that the ab	ove applicant ranked	on the first	six semesters of work in a
class of seniors.	Date of high school	graduation will be	<u> </u>
	e following college a	ptitude test under the l	Missouri Statewide Testing
Program:			
Name of Test	Form No.	Raw Score	Date Tested
		er.	
The committee would lil citizenship and worthiness	ke a brief statements for scholarship cons	t concerning your evideration. Thanks.	aluation of this applicant's
Clittensurb erre		a Magazia	i de legales de la companya de la c La companya de la co
			ili. Ali sangangangangangan
Date:		Pri	ncipal or Counselor