

VERMILLION AMERICAN LEGION POST NO. 1 SCHOLARSHIP APPLICATION

Return this application, with your essay, to the Vermillion High School Guidance Office or to Post 1 at the email or address below. Questions about this application can be directed to Joseph Knoer by calling 712-363-5529 or by email to Wallacepost1@gmail.com. Please type or print your responses in black ink. If additional space is needed for any of the responses, please attach a separate sheet.

NAME:				-	
ADDRESS:					
PHONE: Home:	Cell:				
GPA: INTEND TO ENROLL AT:					
SCHOOL ACTIVITIES: List below, in order of importanguar high school years. (Include memberships in club	nce to you, activities you s and organizations, offi	ces he	cipate eld, etc Level o	c.)	
ACTIVITY		9	10	11	12
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COMMUNITY ACTIVITIES: List below work and volume your high school years and please provide a brief description volunteer, hospital volunteer, etc.) ACTIVITY	nteer activities you have ription of each. (i.e. won SPONSORING ORGA	k, ba	by sitt	d in ding, c	luring hurch
HONORS AND AWARDS: List below, in order of im received both in and out of school. Please provide a b HONOR/AWARD	portance to you, honors rief description of each h <u>SPONSOR and/or D</u>	onor	or awa	ırd.	have

Please complete this application form and return it to American Legion (Wallace Post 1) 1215 Lincoln St #101, Vermillion SD 57069 or email to Wallacepost1@gmail.com no later than April 20th, 2024.