

Minuteman Scholarship



Application Form

Sponsored by: The Minnesota National Guard Enlisted Association Auxiliary

E: E	Name:							
न्न ह		Last		First		Middle		
<u>Applicant</u> Information	Address:							
Inf	Addiess.	Route/Street	t		City	State	Zip Code	
Member Information	Name:				Relationship to Applicant:			
		Last	First	MI	Chapter:			
	Address:							
		Route/Street			City	State	Zip Code	
This Portion to be completed by school official to verify eligibility for postsecondary education eligibility								
This Portion to be completed by school official, to verify eligibility for postsecondary education eligibility. High School or post secondary institution:								
•	•	•	G	GPA (Most recent Semester or Quarter):				
Year of Graduation or equivalent: Name of School Official:				i / ((iviost i	Position:			
Signature:			Date:		Daytime Phone:			
I understand the decision of the panel is final and that this form will not be returned to me. To the best of my								
knowledge, all of the above information is correct.								
D-4		knowiedge, an o	i the above in	ormation	is correct.			
Date:		Signature of app		ormation	is correct.			

Please return this Form and your Essay no later than April 15th and mail to:

Carol Benda Scholarship Chair 3280 30th Street Slayton, MN 56172-1522