



Minneapolis-Richfield
American Legion Auxiliary Unit 435
P.O. Box 111002
St. Paul MN, 55111



Application for "Vikki Jo Springer Memorial" Scholarship

Student Name: _____ Date of Birth: _____

Phone: _____ Email Address: _____

Address: _____
Street City State Zip Code

Post/Unit/SAL 435 Member Name and Membership Number _____

Name and Address of the Vocational or Higher Education Institution you plan to attend: _____

Source of Income to pay for Education (Social Security, State Aid, Veterans Benefits etc.): _____

Planned Course of Study: _____

Annual Tuition Costs: _____ Length of time to finish Education: _____

Are you working to supplement the cost of your education? Yes No

On what date will you enter this school? _____

Signature of Applicant: _____ Date: _____

****A letter from the applicant stating plans for education and stating NEED of the financial assistance must accompany the application and transcript from their high school showing grades and courses****

Mail application, letter, and transcript to:

American Legion Auxiliary Unit 435
Att: Education and Scholarship Chairman
P.O. Box 111002
St. Paul, MN 55111

Due Date: May 15, 2024