

Application Due:
February 5th, 2027

Milan High School

Office Use Only:
GPA

American Legion Auxiliary Post 268 Scholarship Application

Name _____ Telephone Number _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Name of college/university/training school I plan to attend: _____

I plan to attend: ☐ Full Time ☐ Part Time I plan to live: ☐ On Campus ☐ At Home Starting Date: _____

Applicants must be related to a veteran. Relationship to Veteran: _____

Anticipated field of study (must be medical related): _____

Why do you want to enter this field of study? _____

Please explain, in detail, your reasons for requesting a scholarship (Attach additional sheet if necessary). _____

List below your memberships in school and community organizations and the years you participated in these organizations. Include any offices you have held, special projects you were involved with, awards/honors received, class activities, cadet teaching, and work experience.

Activity/Honor/Award (Attach an additional sheet if necessary.)	Years
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please attach 2 Letters of Recommendation to this application.
Due in the MHS Counseling Office by Friday, February 5, 2027
NOTE: Incomplete applications will NOT be considered