

MESABA RANGE VFW AUXILIARY #1172 SCHOLARSHIP

Name: _____

Address: _____

Name of parent, grandparent, or legal guardian having membership in the VFW Post or Auxiliary:

List of veteran family members/s and their relationship to student:

Post Secondary Plans:

School Involvement:

Awards/Recognition:

Extra Curricular and Community Service Activities:

Cumulative GPA: _____

Student Signature: _____

Counselor Signature: _____

Deadline - May 7th

Mail to:

Bonnie Keller

7686 Cedar Island Ct.

Eveleth, MN 55734