

Clark American Legion Auxiliary Cagley Smith Post #60 \$500 Scholarship

This application must be filled out and submitted to Mrs. Paulson by April 1st Scholarship will be paid ½ first semester and ½ second semester. This scholarship is open to ALL Clark high school seniors regardless of family relationship to the Auxiliary. You must be planning to be a full time student starting Fall 2023.

Name				
Address	City	State	Zip Code	
Phone #		Date of birth		
Email address				
Name of Fathe	er			
If applicable, 1	name of Veteran, with wl	hom you are related. (Pare	nt, grandparent, aunt, uncle, etc)	
Living	Deceased	 ,		
	of graduation	nstitution you plan to atten	d	
Degree and ca	reer field you plan to pu			
Please include	e a short paragraph statir	ng why you feel you are de	serving of this scholarship.	
Signature of a	nnlicant		Date	