



## **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  $\frac{1}{2}$  first semester and  $\frac{1}{2}$  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 2026.

Name \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Date of birth \_\_\_\_\_

Email address \_\_\_\_\_

Name of Father \_\_\_\_\_

Name of Mother \_\_\_\_\_

If applicable, name of Veteran, with whom you are related. (Parent, grandparent, aunt, uncle, etc)

Living \_\_\_\_\_ Deceased \_\_\_\_\_

Proposed date of graduation \_\_\_\_\_

Name and address of post-secondary institution you plan to attend

  

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Degree and career field you plan to pursue \_\_\_\_\_

Requirement is to be a full time student. Will you be? \_\_\_\_\_

*Please include a short paragraph stating why you feel you are deserving of this scholarship.*

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_