

Ben J. Seifert American Legion Scholarship

Scholarship requirements:

1. Applicant must live within the ISD #88 School District, parents must have a permanent address/residence within that geographical area.
2. Applicant must be a direct descendent of someone that has served in the United State military, such as Parents/Grandparents/Great Grandparents, etc... (not uncles, aunts, cousins, brother, etc...). The qualifying veteran doesn't need to be a member of the American Legion.

We had 13 student applications and handed out three (3) \$750 scholarships.

Just as a reminder, the review committee doesn't know the applicants name, age, address, gender, religious affiliation, place of work, parents place of work, current High School name, names of colleges or institutions you are planning on attending, sports teams you are a member of, or other extra-curricular activities that might identify you.

When you are writing up your personal bibliography, please refrain from using those descriptive identifiers which would identify the applicants gender, applicants religion, or specific leadership positions the applicant has held.. I end up removing them from information I present to the review committee so they can't identify the applicant.

These scholarships are for all students wanting to go on to higher education, at any accredited school, and any discipline. It is not restricted just to BS/BA degree programs.

Brian Gramentz,
Seifert Bianchi American Legion Post 132 Scholarship Committee Chairman

Brian D. Gramentz
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Ben J. Seifert American Legion Scholarship Application

1. Applicant Name: _____
Last First Middle

2. Home Address: _____
Street/PO Box City Zip Code Cell and Home Telephone No.

3. Applicant Birth date: _____ Email: _____

4. Name of person who qualifies you for this Scholarship: _____
 Relationship to you: _____
 Branch of Service: _____
 Dates of Service: _____

5. List name, age, grade (if applicable) of siblings.

A. _____ E. _____
 B. _____ F. _____
 C. _____ G. _____
 D. _____ H. _____

6. Schooling Major/Minor (A) and/or planned career/job title (B):
 A. _____
 B. _____

7. Educational Institutions you have applied to: Accepted (Yes/No)

A. _____ _____
 B. _____ _____
 C. _____ _____

8. Estimated annual educational cost for first year (tuition/fees/room/board/supplies):
\$ _____

9. Do you own a vehicle?
YES NO

Make _____
 Model _____
 Year _____
 \$ _____
Monthly payment

Months left to pay

10. Were you employed during this past year? YES NO

(Employer's name)

\$ _____

(Average weekly income)

13. Please write and attach to this application, a personal biography giving any additional information which will enable the committee to better evaluate your qualifications and financial need. Please state what your educational goals are, what you have done or plan to do for yourself to reach your goals, and what financial aid is needed to assist you in reaching your goals. No other references or materials are needed.

11. Full award of the scholarship will be made if the applicant: 1. is enrolled in accredited school and 2. maintains passing grades. I agree to forfeit any unpaid amounts of the scholarship should I not fulfill these two requirements. Scholarships are sent directly to your schools financial aid officer.

12. School Official to fill in Scholastic Average (GPA):
 GPA _____

(signature of School Official)

14. I hereby certify that the information I have provided on this application form is, to my knowledge, complete and accurate.

Applicant signature/date