



AMERICAN LEGION AUXILIARY
CHARLES E. MURRAY UNIT 186
12091 Cortez Blvd.
Brooksville, FL 34613

2025 Scholarship Application

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DATE OF BIRTH: _____ TELEPHONE: _____

GRADUATING IN 2025 FROM: _____

WHAT IS YOUR GPA? Weighted: _____ Un-weighted: _____

PLEASE ATTACH A TRANSCRIPT.

What member(s) of your family (parent, stepparent, grandparent, sibling, aunt, uncle, etc.) is/are in active service or a veteran of the United States Armed Forces. Please provide details: *IF NONE, WRITE NONE.*

What is your connection with the American Legion, the American Legion Auxiliary, the Sons of the American Legion or the American Legion Riders? Please provide details: *IF NONE, WRITE NONE.*

Are you working full or part-time? If yes, please provide details: _____

