

DEPARTMENT OF MINNESOTA Military Order of the Purple ~~Heart~~



Applicant Information			
Last	First	MI Date	
Mailing Address		Apt/Suite#	
City	State	Postal Code	
Phone	Email Address		
Date of Birth	Place of Birt	th	
	Applicant Status	as of Fall 2022	
High School Senior	College .	Junior	
College Freshman	College	Senior	
College Sophomore	Trade/Te	ech	
Other:			
_			
	Educational I	nformation	
High School	Address		
<u></u>		_	
From To	Did you graduate? Y	Yes □ No □ Diploma	
Academic Advisor	Phone Number		
Advisor Email Address			

College	Address		
From To	Did you graduate? Yes □ No □ Degree		
Academic Advisor	Phone Number		
Advisor Email Address			
Trade/Tech	Address		
	Did you graduate? Yes □ No □ Degree		
Academic Advisor	Phone Number		
Advisor Email Address			
Full Name:	Relationship:		
	Phone:		
Address:			
Full Name:	Relationship:		
Company:	Phone:		
Address:			
	Disclaimer and Signature		
I certify that my answers are tru	ue and complete to the best of my knowledge.		
In the event this application leads to me being selected as the recipient of the scholarship, I understand that false or misleading information in my application and/or interview may result in the loss or payback of the scholarship in full. All scholarship funding that is unused or results in payback will be deposited back into the financial institution of the Department of Minnesota Military Order of the Purple Hearts account.			
Signature:	Date:		