

**AMERICAN LEGION AUXILIARY DEPARTMENT OF ARKANSAS**

**NURSE'S SCHOLARSHIP APPLICATION 2009/2010**

AWARD OF \$500.00 (School Year – Fall semester 2010 – Spring semester 2011)

Deadline to submit this application to the American Legion Auxiliary Unit President is March 1, 2010.

This is a Gift Scholarship - not a loan.

**RULES**

1. Candidates for this Scholarship shall be descendants of Veterans who served during the dates of eligibility for membership in the American Legion. War\Dates:
  - a. April 6, 1917 – Nov. 11, 1918 -- W.W.I
  - b. Dec. 7, 1941 – Dec. 31, 1946 -- W.W.II
  - c. June 25, 1950 – Jan. 31, 1955 -- Korean
  - d. Feb. 28, 1961 – May 7, 1975 -- Vietnam
  - e. Aug. 24, 1982 – Jul. 31, 1984 -- Grenada/Lebanon
  - f. Dec. 20, 1989 – Jan. 31, 1990 -- Panama
  - g. Aug. 2, 1990 – date of cessation -- (Persian Gulf)
2. Applicants must be in their senior year of high school in Arkansas.
3. A Committee of three qualified people shall serve as judges.
4. Applications must be submitted to the President of the Unit in the nearest Arkansas city, town or community in which the applicant resides.
5. Each Unit will select ONE Winner of this Scholarship, Certified by the Unit President, and forwarded to the Auxiliary Department Headquarters (1415 W. 7<sup>th</sup> St., Little Rock, AR 72201) by March 20, 2010. Applications received at Headquarters and not certified by the Unit President will be rejected.
6. Student must register for first semester; the school must confirm the registration to Department Headquarters. Half of the Scholarship will be paid to the school the first semester (this is for tuition only, dropping out forfeits Award), the balance will be paid to the school after confirmation of enrollment for the second semester.
7. Judging, at all levels, shall be based on the following:

a. Character	15%	b. Americanism	15%	c. Leadership	15%
d. Financial Need	15%	e. Scholarship	40%		
8. Applicant's Total Annual Family Income may not exceed \$ 55,000.

The Decision of the Judges shall be Final

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**APPLICATION PACKET REQUIREMENTS**

1. Completed application packet for Nurse's Scholarship (Award of \$500.00)
2. The following four (4) letters of recommendation are required:
  - a. One letter from the Principal or guidance counselor of the school from which the applicant will graduate, and must include the size of the class, the student's position in the class, and cumulative grade point average.
  - b. One letter from a clergyman/clergywoman of the applicant's choice.
  - c. Two letters from adult citizens, other than relatives, attesting to the character of the applicant in regard to conduct, citizenship and leadership.
3. An original article/essay consisting of 800 to 1,000 words (typed, double-spaced) on how an education will contribute to the applicant's future patriotic spirit, the title of which should be, "What My Country's Flag Means To Me".
4. A Certified photocopy of the high school transcript of the applicant.
5. A copy of ACT or SAT Test Scores.
6. A photocopy of the discharge papers (i.e. DD214 or certified document) of the Veteran showing branch of service and dates of service.

Each Unit will be responsible for verifying all necessary information in the Applicant's Packet prior to Judging and forwarding the winning Application to Department Headquarters.

AMERICAN LEGION AUXILIARY DEPARTMENT OF ARKANSAS

APPLICATION FOR NURSE'S SCHOLARSHIP - \$500.00

Please submit completed Application to the Unit President of the American Legion Auxiliary no later than March 1, 2010.

Please Type or Print Clearly (Black or Dark Blue ink)

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Name of Veteran by which applicant is eligible: \_\_\_\_\_

Is Veteran Living? \_\_\_\_\_ Deceased? \_\_\_\_\_ Applicant's Relationship to Veteran: \_\_\_\_\_

In household of applicant, number of dependent children age 18 and under: \_\_\_\_\_ Over age 18: \_\_\_\_\_

Grade levels: \_\_\_\_\_

Father Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Annual Gross Income: \$ \_\_\_\_\_  
(stepfather)

Mother Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Annual Gross Income: \$ \_\_\_\_\_  
(stepmother)

Total monthly government compensation or pension received by parent and/or children:\$ \_\_\_\_\_

Monthly compensation or pension for applicant if mother has remarried or died: \$ \_\_\_\_\_

Are you eligible for/or drawing Social Security payments? Yes \_\_\_ No \_\_\_

If so, Monthly Income \$ \_\_\_\_\_ Time limit on benefits \_\_\_\_\_

Are you eligible for benefits under Survivors and Dependents Education? Yes \_\_\_\_\_ No \_\_\_\_\_

Please Note: Applicant's Total Annual Family Income may not exceed \$ 55,000.

Proposed date of graduation from High School: \_\_\_\_\_

Name of College or University you hope to attend: \_\_\_\_\_

Signature of Applicant: x \_\_\_\_\_ Date: \_\_\_\_\_

Note - Please, review the "packet requirements", be sure to attach all required material to this Application and submit to the President of the American Legion Auxiliary Unit in (or near) the community in which you reside.

UNIT CERTIFICATION

Unit Charter Name \_\_\_\_\_ Unit Number \_\_\_\_\_ Date \_\_\_\_\_

Unit City \_\_\_\_\_

Unit Address \_\_\_\_\_  
Use Unit President's address if Unit's is unavailable

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

X \_\_\_\_\_  
Signature of Unit Secretary or Education Chairman (Phone)

X \_\_\_\_\_  
Signature of Unit President (Phone)