

**AMERICAN LEGION AUXILIARY**  
**Department of Nebraska**  
**NURSE'S SCHOLARSHIP**

**Applicant must be a resident of Nebraska and must be a veteran or veteran connected.**

If selected the scholarship must be used within the year selected. *Funding not released by January 1<sup>st</sup> will not be awarded.*

Please fill out questionnaire (online, by typewriter, or using legible printed hand writing if necessary) and return with all data under No. 7 in one packet to a Nebraska Unit President by **MARCH 1, 2017.**

*To be completed by Unit* for Student

Unit # \_\_\_\_\_ Unit Location \_\_\_\_\_ Unit Contact \_\_\_\_\_

**This is a \$400 Scholarship.** Mail required documents to \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS ON WHERE TO SUBMIT THIS COMPLETED APPLICATION CALL - 402.466.1808**

1. Name of applicant \_\_\_\_\_
2. In what school are or were you last enrolled? \_\_\_\_\_ Grade: \_\_\_\_\_  
Is this a: Public School \_\_\_\_\_ Home School \_\_\_\_\_ Other (Explain) \_\_\_\_\_  
GPA: \_\_\_\_\_ If not in school, state occupation: \_\_\_\_\_
3. Are you receiving or do you expect to receive other assistance? Yes \_\_\_\_\_ No \_\_\_\_\_  
What kind? \_\_\_\_\_ (Scholarship, grant, etc.) Amount? \_\_\_\_\_
4. Will your family or guardian give you financial aid to continue your education? Yes \_\_\_\_\_ No \_\_\_\_\_
5. By whom are you veteran connected? Self \_\_\_ Spouse \_\_\_ Father \_\_\_ Mother \_\_\_ Brother \_\_\_ Sister \_\_\_  
Grandfather \_\_\_ Grandmother \_\_\_ Great-grandfather \_\_\_ Great-grandmother \_\_\_ Other \_\_\_\_\_
6. College or University you hope to attend: \_\_\_\_\_

Nurse's training will be taken at: \_\_\_\_\_ Hospital.

Length of course of study: \_\_\_\_\_ Tuition: Quarter \$ \_\_\_\_\_; Semester \$ \_\_\_\_\_; Year \$ \_\_\_\_\_

7. The following **MUST** be included with your application. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**
  - a. Two (2) letters of recommendation from:
    - One (1) letter from an employer, if not employed one (1) letter from a professional associate.
    - One (1) letter from a teacher, if not a current student one (1) letter from a character witness.
  - b. Essay from applicant, stating chosen major and why you chose this field.

(A list of community, church, and school activities may be enclosed, but is not required).

- c. Letter of acceptance (tentative or final) from School of Nursing.
  - 1. Pre-Nursing Students -- send when available.
  - 2. Students currently enrolled in a School of Nursing -- include with this application.

**ALL LETTERS MUST BE SIGNED AND DATED TO QUALIFY**

- d. Transcript of high school (or college) grades.
- e. Name, occupation and annual net income of father, mother and/or applicant and spouse as applies. Please include how many are in the home and how many children at home or in college. (This may be enclosed in a sealed envelope)

For further information you may contact:  
American Legion Auxiliary Department Headquarters  
PO Box 5227 - Lincoln, NE 68505-0227 or Phone (402) 466-1808  
neaux@windstream.net – www.nebraskalegionaux.net

Signature of Applicant: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

City: \_\_\_\_\_, Nebraska - Zip Code \_\_\_\_\_

**APPLICATIONS WILL NOT BE ACCEPTED BY INDIVIDUALS.**

To qualify for judging application must be submitted by a Nebraska American Legion Auxiliary Unit.

Unit # \_\_\_\_\_ Unit Location \_\_\_\_\_

This application was reviewed by an officer of the above Unit and contains the information requested in No. 7.

Signature \_\_\_\_\_

Daytime phone number \_\_\_\_\_

**Note to Unit President / Officer:** This scholarship is funded by units through the Nurse's Scholarship and the Little Red Schoolhouse Fund. Additional funds are donated from the Department Past President's Parley.

- ✓ Put your Unit's "mail to "information on the first page of application
- ✓ It is the Unit's responsibility to check the contents of this scholarship application to be sure all the requested letters and documents are enclosed.
- ✓ Signature and phone number of Unit Officer that verified contents requested in No. 7 are included.
- ✓ Each Unit may submit only one of each Nebraska scholarships / and only one of each National scholarships.
- ✓ Mail the completed Department Scholarship application to A.L.A., PO Box 5227, Lincoln, NE 68505, postmarked by March 15, 2017.
- ✓ Any application postmarked **after March 15, 2017 will not be considered.**

The Unit may submit **ONE Nurse's Scholarship Application** to the American Legion Auxiliary Department Headquarters for consideration. The Unit's selection must be postmarked no later than **March 15, 2017**.

For more information see the Education article in the 2016-2017 ABC Book.