

AMERICAN LEGION AUXILIARY
PAST PRESIDENTS PARLEY NURSES SCHOLARSHIPS
(MUST BE AT LEAST A SECOND YEAR STUDENT)

The amount of the scholarship is to be \$500.00 annually to not less than a second year student nurse who is enrolled in an accredited institution in Arizona awarding a degree as a Registered Nurse. The immediate family members of a Veteran will be given first preference. Applicant must be a citizen of the United States and resident of Arizona for at least one (1) year.

Applications for this scholarship must be sent to the American Legion Auxiliary Department of Arizona Past Presidents Parley Chairman by May 15th preceding the term to be commenced in the fall. Money awarded will be paid at the beginning of the school year to the institution where applicant is enrolled in the nursing program.

Final selection will be made by the American Legion Auxiliary through the Past Presidents Parley Chairman and committee of three (3) Past Department Presidents.

Applicant must be enrolled in second year or advance nursing program as an upper division student and carry the required hours of work with a grade average of "C" or better.

Selection for assistance will be made on the following basis:

| | | | |
|----------------|-----|-------------|-----|
| Character | 25% | Scholarship | 25% |
| Financial Need | 30% | Initiative | 20% |

Submit application with attachments in the following order:

1. Completed application.
2. Photograph of self.
3. Statement, in narrative form, not to exceed 500 words, giving family background, civic, social, school, church activities including reason applicant feels qualified for the scholarship and why a nursing career is pursued.
4. Three (3) letters of reference from persons who can testify to character, study and work habits i.e. Instructors, Scholarship/Financial Aid Director, Standards Committee, Counselor, Clergyman, Employer.)
5. Transcripts of previous year's nursing grades.

Former recipients continuing degree program in nursing (R.N., B.A., M.A.) shall be given first consideration provided applicant complies with above rules.

Assemble the preceding data in folder form with application on back of this page and send to:

Past Presidents Parley Chairman
American Legion Auxiliary
4701 N. 19th Ave. Suite 100
Phoenix, AZ 85015-3727

AMERICAN LEGION AUXILIARY
PAST PRESIDENTS PARLEY SCHOLARSHIP
NURSES SCHOLARSHIP APPLICATION

Name of Applicant _____

Date of Birth _____ Social Security # _____

Address _____

City _____ State _____ Zip _____ Phone _____

Length of Residence in Arizona _____ Marital Status _____

IMMEDIATE FAMILY INCOME: _____

PERSONAL INCOME _____

Number of Siblings/Children in family under 18 years _____

Over 18 _____

Grade level of Siblings/Children _____

Is an immediate family member a veteran? _____ Living? _____

Relationship (self, father, grandfather, mother, brother, etc.) _____

Brief statement of service _____

Have you applied for other scholarships? _____

If so, give amount _____

Have you been awarded other scholarships? _____

If so, give amount _____

Name of school attending _____

Are you a prior recipient of an American Legion Auxiliary Nurse

or Health Care Occupation Scholarship? _____ Given year _____