

AMERICAN LEGION AUXILIARY
PAST PRESIDENTS PARLEY SCHOLARSHIP ASSISTANCE IN
HEALTH CARE OCCUPATIONS

The American Legion Auxiliary Department of Arizona will accept applications for assistance to students pursuing a career in Health Care Occupations. The applicant must be enrolled or enrolling in an accredited, tax-supported institution in Arizona which offers a certificate or degree program in Health Care Occupations. (i.e. Nurses Assistant, Dental Assistant, L.P.N., Lab Technician, Physical Therapist, Inhalation therapist; etc.) Applicant must be a U.S. Citizen and a resident of Arizona for at least one year. The immediate family member of a Veteran will be given first consideration. The amount of the scholarship is \$400.00.

Applications must be received by May 15th preceding the term to be commenced in the fall with final selection being made by the Past Presidents Parley Chairman and three (3) Past Department Presidents. Any scholarship assistance awarded to the applicant will be forwarded to the school accepting the student for courses in Health Care Occupations at the beginning of the Fall Term.

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, school, church activities and reasons for choosing a career in Health Care Occupations.
4. Three (3) letters of reference from persons who can testify to character, study and work habits i.e. High School Principal, Instructors, Counselor, Clergyman, Employer.)
5. Transcripts of previous year's grades and test scores.

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
ASSISTANCE IN HEALTH CARE OCCUPATIONS 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 scholarship? _____

If so, give amount _____

Date of graduation from high school or G.E.D. Course _____

School applicant wishes to attend _____

Health Care Occupation course chosen _____