

AMERICAN LEGION AUXILAIRY – DEPARTMENT OF NEBRASKA
P O BOX 5227, LINCOLN NE 68505-0227
PHONE 402 466 1808 EMAIL: neaux@windstream.net
www.nebraskalegionaux.net

UNIT INSTRUCTION SHEET FOR PROCESSING SCHOLARSHIP APPLICATIONS

APPLICATIONS WILL NOT BE ACCEPTED BY INDIVIDUALS

To qualify for judging applications must be submitted by a local Nebraska American Legion Auxiliary Unit to the Department. Applicants **MUST NOT** send applications directly to the Department Office. Units be sure your applicants know this fact.

The Unit may submit **ONE PPP Nurse’s Scholarship Application** to the American Legion Auxiliary Department Headquarters for consideration. The Unit’s selection **must** be post-marked no later than **MARCH 15TH**. For information see the Education article in the current ABC Book provided to each Auxiliary Unit.

CHECKLIST FOR UNIT PRESIDENT/OFFICER/UNIT EDUCATION CHAIRMAN

- ✓ Put your Unit’s “mail to” information on the first page of application
- ✓ It is the Unit’s responsibility to check the contents of the scholarship application to be sure all requested letters and documents are enclosed
- ✓ Signature and phone number of Unit Officer/Chairman who verified contests requested in No. 5 are included in the applicant’s packet
- ✓ Each Unit may submit ONLY ONE of each Department (Nebraska) scholarships
- ✓ ONE Department scholarship per applicant. No duplicate applicants.
- ✓ Mail the completed Department application packet to the Department at: AMERICAN LEGION AUXILIARY, P O BOX 5227, LINCOLN NE 68505-0227
- ✓ All applications to be post-marked no later than MARCH 15
- ✓ Any applications post-marked AFTER MARCH 15 will not be considered

UNIT #: _____ **UNIT LOCATION: (town)** _____

This application was reviewed by an officer/chairman of the above Unit and contains the information required in No. 5.

Signature & Title

Daytime Phone #

Include this completed form in the application packet before mailing to Department.

AMERICAN LEGION AUXILIARY – DEPARTMENT OF NEBRASKA

Applicant if you have any questions on where to submit this completed application please contact our Department Office at 402 466 1808.

PAST PRESIDENTS PARLEY 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 1st will not be awarded.

Please fill out application (online, by typewriter, or using legible printed handwriting if necessary) and return with all data under No. 5 in one packet to a Nebraska Unit President by **March 1st**.

This section to be completed by the Auxiliary Unit for the Applicant

Unit # _____ Unit Location _____ Local Unit contact person: _____

(List name, mailing address & contact phone for Unit member)

This is a \$400 Scholarship. Mail your application packet to the Unit by March 1st.

1. Name of Applicant: _____

2. In what school are you or were you last enrolled? _____

_____ Grade Level: _____

Is this a Public School _____ or Home School _____ or Other (explain) _____

_____ GPA: _____

If not in school, state your occupation: _____

3. By whom are you Veteran-connected: Self _____ Spouse _____ Father _____

Mother _____ Brother _____ Sister _____ Grandfather _____ Grandmother _____

Great-Grandfather _____ Great-Grandmother _____ Other _____

4. College or University you plan to attend: _____

Nurse's training will be taken at: _____ Hospital

Length of course of study: _____

Tuition: Quarter \$ _____; Semester \$ _____; Year \$ _____

The following items **MUST** be included with your application in complete form.

5. **Narrative** (300 words or less) from Applicant stating chosen major and why you chose this field of study.

- A high school resume' with a list of community, church and school activities. Also include number of community service hours and a contact person
- **Letter of Acceptance** (tentative or final) from institution of higher education
- **Transcript** of high school (or college) grades
- **FAFSA** (Free Application for Federal Student Aid)

For further information you may contact:

American Legion Auxiliary Department Headquarters Phone 402 466 1808
Email: neaux@windstream.net Website: www.nebrskalegionaux.net

USPS delivers mail to: _____
Applicant's Name

Complete address (City, State, Zip Code)

_____ **(Signature of Applicant is a must)**

APPLICATIONS WILL NOT BE ACCEPTED BY INDIVIDUALS:

To qualify for judging, your application must be submitted by a local Nebraska American Legion Auxiliary Unit. Incomplete applications will NOT be considered. ALL letters MUST be signed and DATED to qualify. Please ensure you have a complete packet for your local American Legion Auxiliary Unit.