

**AMERICAN LEGION AUXILIARY – 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 Ruby Paul Campaign Fund Scholarship Application** to the American Legion Auxiliary Department Headquarters for consideration. The Unit's selection **must** be post-marked no later than **MARCH 15<sup>TH</sup>**. 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. 6 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. 6.**

\_\_\_\_\_  
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.**

**RUBY PAUL CAMPAIGN FUND SCHOLARSHIP**

The Ruby Paul Campaign Fund Scholarship will be awarded to a daughter, son, granddaughter, grandson, great-granddaughter or great-grandson of an American Legion or to an American Legion Auxiliary member who has held Nebraska membership for two years or to an American Legion, American Auxiliary, or Sons of the American Legion member who has held Nebraska membership for two years. Applicant **MUST** be enrolled in an accredited college or university for the current year and be a Nebraska resident for the previous three (3) years.

Applicant must be a high school senior or a graduate of an accredited high school and have maintained a "B" or better average for the past two (2) semesters of high school. 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 application (online, by typewriter or using legible printed handwriting if necessary) and return with all date under No. 6 in one packet for a Nebraska Unit President by **MARCH 1<sup>ST</sup>**.

**This section to be completed by the Unit prior to distributing application to the school.**

Unit # \_\_\_\_\_ Unit Location \_\_\_\_\_ Local Unit contact person: \_\_\_\_\_

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

**This is a \$200 Scholarship. Mail your application packet to the Unit by March 1<sup>st</sup>.**

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 \_\_\_\_\_ or Spouse \_\_\_\_\_ Father \_\_\_\_\_  
 Mother \_\_\_\_\_ Brother \_\_\_\_\_ Sister \_\_\_\_\_ Grandfather \_\_\_\_\_ Grandmother \_\_\_\_\_  
 Great-Grandfather \_\_\_\_\_ Great-Grandmother \_\_\_\_\_ Step-relative \_\_\_\_\_ Other \_\_\_\_\_
4. Do you \_\_\_\_\_, your parent \_\_\_\_\_, grandparent \_\_\_\_\_, ore great-grandparent \_\_\_\_\_ hold a membership in The American Legion \_\_\_\_\_ American Legion Auxiliary \_\_\_\_\_ Sons of the American Legion \_\_\_\_\_? (Check all that apply)
5. 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.

6. **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.**