HEALTHCARE PROFESSIONAL SCHOLARSHIP

$500

Sponsored by

AMERICAN LEGION AUXILIARY—DEPARTMENT OF NEBRASKA

P.O. BOX 5227, LINCOLN, NE 68505-0227

402-466-1808 www.nebraskalegionaux.net neaux@windstream.net

The **Healthcare Professional Scholarship** of $500 will be awarded to a person enrolled in a four-year healthcare professional program.

Applicants must:

- be a resident of Nebraska
- must be or have a Veteran connection

The completed application (including requested documents) must be submitted to and received (postmarked by March 1) by your local American Legion Auxiliary (ALA) Unit.

ALA Unit #_____

Name _____
Local Unit Officer Name

Address _____
Address City State Zip

If the above is blank, your High School Counselor should be able to provide the name and address of the local ALA Unit where applications must be submitted or call the American Legion Auxiliary Headquarters at 402-466-1808.

If selected, the scholarship must be used within the year selected. Funding not released by January 1 will not be awarded.

The application is on page 2 and must be completed by being typewritten or using legible printed handwriting.

The Scholarship Application must include all three (3) pages included with this packet when submitted.

Applicant's Name _____

1. Name of Applicant:_____

   Mailing Address:_____
   PO Box or Street City State ZIP

2. Name of school you are currently enrolled or last enrolled?
   _____ Grade Level_____

   If not in school, what is your current occupation_____

3. Name of Veteran connection:_____
   Check their Branch of Service:

   ☐Army ☐Navy ☐Air Force ☐Marines ☐National Guard ☐Coast Guard ☐Reserves ☐Space Force

   Dates of Service (can be found on DD214 discharge paper)_____

   Veteran named above is my: ____Parent ____Grandparent ____Great Grandparent

4. Institute of higher education you plan to attend:_____

5. Narrative must be provided from applicant stating what field of study and why you have chosen it. This narrative must be printed on a separate page, double spaced, signed, and be less than 300 words.

6. **Applicant must provide all the following items**, assembled in the order given below, with this completed application form:

- Two letters of recommendation on their letterhead and **must be signed** from:
  a. One (1) letter from an employer, clergy, or businessperson in the community
  b. One (1) letter from an administrator, guidance counselor, or teacher
- A high school resume which includes a list of community involvement, church activities and school activities/honors/awards. Include community service completed which includes a description of work, hours served, and a contact person with phone number.
- Letter of acceptance from chosen institute of higher education
- Certified Transcript (with seal) of high school (or college) grades GPA_____
- Include one of these documents showing your score: ACT, SAT, Accuplacer

_____
Signature of Applicant

Applicant's Name _____

THIS PAGE MUST BE COMPLETED BY YOUR LOCAL AMERICAN LEGION AUXILIARY UNIT

Applications must be submitted on or before March 1 (postmarked by March 1) to your local American Legion Auxiliary Unit where they will be judged locally. Again, all three (3) pages of this application packet must be submitted along with other items as mentioned in #5 and #6 on page 2. One scholarship application will be chosen from the local Unit to be submitted to the Nebraska American Legion Auxiliary Department Headquarters for final judging and awarding.

- ✓ The local Unit scholarship selection must be submitted to the Department Headquarters on or before March 15 (postmarked by March 15).
- ✓ ALA Units should make certain that all requested letters and documents are enclosed with the application to the Department Headquarters.
- ✓ An American Legion Auxiliary Unit may submit only **ONE Healthcare Professional Scholarship.**
- ✓ Individual students are welcome to apply for multiple ALA Nebraska Department Scholarships, but students may only be submitted for one Department Scholarship by the ALA Unit.

The undersigned confirms that this scholarship application has been selected by:

ALA UNIT #_____ **LOCATED** in _____, Nebraska, and that this application was reviewed in its entirety by an officer/chairman of the ALA Unit aforesaid and contains all information in the correct order as required in #5 and #6 on page 2.

_____

Signature of ALA Unit Officer Date Daytime phone number

ALA UNIT shall MAIL or DELIVER before March 15 to:

American Legion Auxiliary
PO BOX 5227
Lincoln, NE 68505-0227

Applicant's Name _____