HEALTHCARE PROFESSIONAL SCHOLARSHIP

$500

Sponsored by

AMERICAN LEGION AUXILIARY—DEPARTMENT OF NEBRASKA

150 NW 40th Street Unit B, LINCOLN, NE 68528

402-466-1808 www.nebraskalegionaux.net nealasec@gmail.com

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)_____

   Relation of Veteran named above: _____

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

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

- 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.
- Two letters of recommendation on their letterhead and **must be signed** by the letter writer
  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 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 and completed properly with the application to the Department Headquarters.

- ✓ Individual students are welcome to apply for multiple ALA Nebraska scholarships; however, each American Legion Auxiliary Unit may submit **ONLY ONE** individual student per Department Scholarship. (Example--student "I Need Scholarship" applies for all three Department Scholarships. The Unit must submit "I Need Scholarship" for only one of the scholarships.) Each Unit may submit applications for all three scholarships, but each scholarship must be a different student.

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 previously mentioned and contains all information in the correct order as required in #5 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
150 NW 40th Street Unit B
Lincoln, NE 68528

Applicant's Name _____