



**American Legion Auxiliary
Past Presidents Parley Nursing Scholarship
2016-2017**

Applicants must be entering the nursing field (RN or LPN) to be eligible. The scholarship is awarded to a high school senior who is a son, daughter, grandson, granddaughter, great grandson, great granddaughter, or step child of a veteran.

Completed applications must be submitted to the local Unit President of the American Legion Auxiliary in the community which the applicant resides. Applications must be in the hands of the local Unit President by April 15, 2017.

SCHOLARSHIP AMOUNT: \$500

1. Name: _____

2. Address: _____

3. Phone number: _____

4. Date of birth: _____

5. Name of parent, grandparent or great grandparent of stepparent by which applicant is eligible: _____

6. Relationship: _____

7. Living: Yes _____ No _____. If deceased, date of death: _____

8. Give a brief statement of military service of the Veteran through whom the applicant is eligible. Service can be during WWI, WWII, Korea, Vietnam, Grenada & Lebanon, Panama, Gulf War/ War on Terrorism (attach a sheet if necessary).

9. Number of dependent children in the family (under age 18): _____

10. Occupation of father or stepfather: _____

11. Annual income: _____ (over)

12. Occupation of mother or stepmother: _____

13. Annual Income: _____

14. Date expected to graduate from high school: _____

15. Name and address of high school currently attending: _____

16. Name of College or University which applicant desires to attend and course plan to pursue:

17. Have you applied for and been accepted to a college or university? _____

18. Name of college or university applicant has been accepted to: _____

19. After completing your education would you be interested in working with disabled veterans or handicapped children? _____

Please submit with this application a letter from your Principal or Guidance Counselor regarding character, Americanism ideals and scholastic ability.

Make sure this application is FULLY COMPLETED. All questions must be answered. If not complete, application will be disqualified.

Applicant signature: _____

Signature of Unit Education Chairman: _____

Signature of Unit President: _____

Unit Name and Number: _____