AMERICAN LEGION AUXILIARY Department of Nebraska

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 questionnaire (online, by typewriter, or using legible printed hand writing if necessary) and return with all data under No. 7 in one packet to a Nebraska Unit President by MARCH 1, 2015.

Note: Unit "mail to" information on line below:

Mail to:				
	IF YO	OU HAVE ANY QUESTIONS ON WHERE TO SUBMIT THIS COMPLETED APPLICATION CALL - 402.466.1808		
1.	Nam	e of applicant		
2.	In w	that school are or were you last enrolled? Grade:		
	Is thi	is a: Public School Home School Other (Explain)		
	GPA	: If not in school, state occupation:		
3.	Are y	you receiving or do you expect to receive other assistance? Yes No		
	Wha	t kind? (Scholarship, grant, etc.) Amount?		
4.	Will	your family or guardian give you financial aid to continue your education? YesNo		
5.	By whom are you veteran connected? Self Spouse Father Mother Brother Sister			
	Gran	dfather Grandmother Great-grandfather Great-grandmother Other		
6.	Colle	ege or University you hope to attend:		
Nurse	's train	ing will be taken at:Hospital.		
Lengt	h of co	urse of study:; Semester \$; Year \$		
7.	The	The following MUST be included with your application. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED		
	a. Two (2) letters of recommendation from:			
		One (1) letter from an employer, if not employed one (1) letter from a professional associate. One (1) letter from a teacher, if not a current student one (1) letter from a character witness.		
	b.	Essay from applicant, stating chosen major and why you chose this field. (A list of community, church, and school activities may be enclosed, but is not required).		
	c.	Letter of acceptance (tentative or final) from School of Nursing. 1. Pre-Nursing Students send when available. 2. Students currently enrolled in a School of Nursing include with this application.		
	d.	ALL LETTERS MUST BE SIGNED AND DATED TO QUALIFY Transcript of high school (or college) grades.		

Nurses Scholarship 2014-2015

e. Name, occupation and annual net income of father, mother and/or applicant and spouse as applies. Please include how many are in the home and how many children at home or in college. (This may be enclosed in a sealed envelope)

For further information you may contact:
American Legion Auxiliary Department Headquarters
PO Box 5227 - Lincoln, NE 68505-0227 or Phone (402) 466-1808
neaux@windstream.net – www.nebraskalegionaux.net

	ncant:
	address:
	, Nebraska - Zip Code
	APPLICATIONS WILL NOT BE ACCEPTED BY INDIVIDUALS.
	ualify for judging application must be submitted by a Nebraska American Legion Auxiliary Unit.
	Unit Location
This appl	ication was reviewed by an officer of the above Unit and contains the information requested in No. 7.
Signature	
	umber

- ✓ Put your Unit's "mail to "information on the first page of application
- ✓ It is the Unit's responsibility to check the contents of this scholarship application to be sure all the requested letters and documents are enclosed.

Note to Unit President / Officer:

- ✓ Signature and phone number of Unit Officer that verified contents requested in No. 7 are included.
- ✓ Each Unit may submit only one of each Nebraska scholarships / and only one of each National scholarships.
- ✓ Mail the completed Department Scholarship application to A.L.A., PO Box 5227, Lincoln, NE 68505, postmarked by March 15, 2015.
- Any application postmarked after March 15, 2015 will not be considered.

The Unit may submit **ONE Nurse's Scholarship Application** to the American Legion Auxiliary Department Headquarters for consideration. The Unit's selection must be postmarked no later than **March 15, 2015**.

For more information see the Education article in the 2014-2015 ABC Book.