

AMERICAN LEGION AUXILIARY
Department of Nebraska

LICENSED PRACTICAL NURSING
SCHOLARSHIP

This scholarship will not exceed \$300. Applicant must be veteran connected and a resident of Nebraska at least three (3) years immediately prior to application date.

The Practical Nursing Scholarship is a gift which must be used at the next session of a school of practical nursing.

Please fill out questionnaire (by typewriter, if possible) and return with all data under No. 7 in one packet

To: _____, Unit # _____ President, by **MARCH 13, 2009.**

(IF YOU HAVE ANY QUESTIONS ON WHOM? TO SUBMIT THIS COMPLETED APPLICATION TO CALL 402.466.1808)

1. Name of applicant _____
Place of residence _____
2. In what school are you enrolled? _____
GPA: _____ If not in school, state occupation: _____
Last school attended: _____
3. Are you receiving or do you expect to receive other assistance? _____
What kind? _____ (Scholarship, grant, etc.)
4. Will your family or guardian give you financial aid to continue your education? _____
5. By whom are you veteran connected? Self _____ Spouse _____ Father _____ Mother _____
Brother _____ Sister _____ Grandfather _____ Grandmother _____ Great-grandmother _____
Great-grandfather _____ Step-relative _____
6. School of Practical Nursing you plan to attend: _____
Length of course of study _____
Tuition: Quarter \$ _____; Semester \$ _____; Year \$ _____

The following **MUST** be included with your application.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

7.

- a. A letter of approval from local American Legion Auxiliary Unit.
- b. Three (3) letters of recommendation from:
One (1) letter from business man or woman
One (1) letter from clergyman/woman of applicant's choice
One (1) letter from school superintendent or high school principal or guidance counselor (if a current student)
- c. Letter from applicant stating chosen field and how this scholarship will help in reaching that goal.
(A list of community, church, and school activities may be enclosed, but is not required.)
- d. Letter of acceptance (tentative or final) from school of higher education.
- e. Transcript of high school (or college) grades.
- f. 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: Department Headquarters,
PO Box 5227~Lincoln, NE 68505-0227~Phone: (402) 466-1808

Signature of Applicant _____

Address: _____

City _____ State _____ Zip Code _____

Date Signed: _____

Note to Unit President:

- ✓ Each Unit needs to submit a letter of approval from your Unit.
- ✓ It is the Units responsibility to check the contents of this scholarship application to be sure all the requested letters and documents are enclosed.
- ✓ Each Unit may submit only one of each scholarship; there are a total of 8 Nebraska scholarships
- ✓ Mail the completed Department Scholarships to A.L.A., PO Box 5227, Lincoln, NE 68505, postmarked by April 1, 2009.
- ✓ Any application postmarked **after April 1, 2009 will not be considered.**

The Unit may submit **one Licensed Practical Nurse Scholarship Application** to American Legion Auxiliary Department Headquarters for consideration. The Unit's selection must be postmarked no later than **APRIL 1, 2009**. For more information see pages 50 -58 of the 2008 - 2009 ABC Book.