

AMERICAN LEGION AUXILIARY
Department of Nebraska

NURSE'S GIFT TUITION SCHOLARSHIP

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

to _____ Unit # _____ President, by **MARCH 1, 2010**.

(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? Yes ___ No ___
5. By whom are you veteran connected? Self ___ Spouse ___ Father ___ Mother ___
Brother ___ Sister ___ Grandfather ___ Grandmother ___ Great-grandfather ___
Great-grandmother ___ Step-relative ___
6. College or University you plan to attend: _____
Nurse's training will be taken at: _____ Hospital.
Length of course of study _____
Tuition: Quarter \$ _____; Semester \$ _____; Year \$ _____
7. The following **MUST** be included with your application.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
 - a. A letter of approval from local American Legion Auxiliary Unit.
 - b. Four (4) letters of recommendation from:
Two (2) letters from business men or women
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. 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).

- d. 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.

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 college. (This may be enclosed in a sealed envelope.) in

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 March 15, 2010.
- ✓ Any application postmarked **after March 15, 2010 will not be considered.**

The Unit may submit **one Nurses Gift Tuition Scholarship Application** to American Legion Auxiliary Department Headquarters for consideration. The Unit's selection must be postmarked no later than **March 15, 2010**. For more information the 2009 - 2010 ABC Book beginning on page 55.