

**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 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? 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 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 Nurses Gift Tuition 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.