

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF PENNSYLVANIA**

- 1 Applicant must be the son, daughter, grandson or granddaughter of a deceased veteran, or veterans in need of financial assistance, **PRIORITY** is to be given to the son, daughter, grandson or granddaughter of a deceased or totally disabled veteran.
- 2 Applicant must be a Pennsylvania resident in their senior year of high school, in Pennsylvania. They must have met the requirement for entry in a Nurse's training school or majoring in nursing at a college or university in Pennsylvania.
- 3 Award is for the CURRENT YEAR, and CANNOT be held over for the next year.
- 4 Scholarship is in the amount of \$1200, payable \$400 for the first year and \$400 the next two years to the Director of Nursing or the finance department of college/university in Pennsylvania where the applicant has been accepted.
- 5 Awards will be made on the basis of the above requirements, the information furnished below, and the need for financial assistance.
- 6 Application deadline is **April 1, 2012**. Decisions of the judges is final.

Please submit to: Mrs. Bev Rainhard
Past President Parley Chairman
234 S. 2nd Street
Coplay, PA 18037-1004
(610)440-0146

Name of Applicant _____
(last name) (first name) (middle name)

Home Address _____
(street & number)

_____ (city or town) (county) (zip code)

Place of Birth _____ Date of birth _____

Name of Mother or Guardian _____

Name of Father _____

Unit in which the father served during World War I, World II, Korea, Vietnam, Grenada/Lebanon, Panama or Persian Gulf War.

Deceased Veteran Information

Date, place and cause of father's death: _____

Disabled Veteran Information:

Father's total disability _____
(Letter of certification from Veterans Administration, establishing total disability)

Same information to be furnished in the event eligibility for this award is through the service record of a deceased or totally disabled mother, grandmother or grandfather.

_____ (date) _____ (signature of applicant)

SUPPLEMENTAL INFORMATION WHICH MUST ACCOMPANY APPLICATION

1 Name and address of high school attending:

2 Rank or standing in senior class:

3 Name of Nursing School or College/University where applicant will major in Nursing to which you are applying. School must be located in PENNSYLVANIA.

Date of application to the school:

Name of Director of Nursing or the finance department of college or university.

4 Has your application in above mentioned school been accepted:

5 Income of parent, step or foster parent(s)

6 Other dependent members of the family:

7 Do you have a trust fund? _____ If so, the amount? _____

8 If you are residing with a custodian or guardian, can the necessary funds for this schooling be supplied by them? _____

Please forward with this application the following:

- a. Certified financial statement of income of family and applicant.
- b. Letter from Principal of High school from which the applicant is graduating.
- c. Letter from the Clergyman of the church applicant is attending.
- d. Letters from two (2) representative citizens.
(Letters for requirement b, c and d, must attest to Character, Americanism, Leadership and Scholarship.)
- e. An original article covering applicant's reason for selecting the Nursing Profession.
- f. Report of extra-curricular activities and participation in Civic activities.
- g. Photograph of the applicant.