

AMERICAN LEGION AUXILIARY DEPARTMENT OF MISSOURI

PAST PRESIDENTS PARLEY NURSES SCHOLARSHIP REQUIREMENTS

The American Legion Auxiliary Department of Missouri Past Presidents Parley shall award annually one (1) - \$500.00 scholarship, to a high school graduate who has chosen nursing as a vocation.

1. The applicant must be a resident of Missouri and shall have been graduated from high school in the mid-term or immediately before the Missouri Department Convention.
2. The applicant must be a member of a veteran's family.
3. The application must be submitted through an American Legion Auxiliary Unit. The Unit should then send the application along with all required documents, to the Department Past Presidents Parley Nurses Scholarship chairman, **NO LATER THAN APRIL 1st**.
4. The application must include the following:
 - a. Name and address
 - b. Photograph
 - c. Copy of High School transcript
 - d. Copy of letter of acceptance to the college or university attending
 - e. An essay entitled ***"What A Nursing Profession Means To Me"*** – include
 - a) reason for choosing nursing as a career, b) financial need, c) why receiving this scholarship would be important, d) other information that will help the committee in make a decision
 - f. Three (3) letters attesting to the following: character, responsibility, qualification for the nursing profession, and basis of need.
 - i. One (1) letter from the principal of the high school from which graduated.
 - ii. One (1) letter from a clergy of your choice.
 - iii. One (1) letter from the representative citizen of home community.

*NOTE – The American Legion Auxiliary Unit may add additional information in regard to the applicant.

All applications will be judged by three (3) qualified persons.

AMERICAN LEGION AUXILIARY
DEPARTMENT OF MISSOURI
PAST PRESIDENTS PARLEY NURSES SCHOLARSHIP

Student Information

Name of Applicant _____
Address _____
City _____ Zip Code _____
Phone # _____ Email Address _____
Date of Birth _____ Are you a resident of the State of Missouri _____

Family Information

Are you a member of a Veterans family _____
Name of the Veteran _____
Address (if living) _____

Dates of Military Service _____
Your relationship to the Veteran _____

School Information

Proposed date of graduation from high school _____
Name of college or university you will be attending _____
Address _____

Sponsoring American Legion Auxiliary Unit

Unit Name and Number _____
Address _____
City, State, ZIP _____

Signature of Unit President

Signature of Unit Chairman

Certification

All applicants must sign below:

The above information is true and correct to the best of my knowledge. I agree that if I am chosen as a recipient of the American Legion Auxiliary Department of Missouri Past Presidents Parley Nurses Scholarship, the American Legion Auxiliary Department of Missouri may use my name and information for publicity purposes. I authorize the release of all application materials, including references to members of the scholarship selection committee.

Signature of Student

Date

NOTE TO APPLICANT:

Please be sure to attach other required documents to this application and submit to the President or Chairman of the American Legion Auxiliary Unit sponsoring you, **NO LATER THAN MARCH 1st**.

NOTE TO AMERICAN LEGION AUXILIARY SPONSORING UNIT:

Please be sure to send completed applications to the Department Past Presidents Parley Nurses Scholarship Chairman, **NO LATER THAN APRIL 1st**.

REFERENCE

Applicant for: The American Legion Auxiliary, Department of Missouri
Past Presidents Parley Nurses Scholarship

Name of Applicant: _____ Date: _____

Name and Title of Reference: _____

Address: _____

City: _____ Zip Code: _____

In the space below, please describe and discuss the character, scholarship, qualification for the nursing profession, and basis of need, of the applicant. Please give examples where possible.