

**AMERICAN LEGION AUXILAIRY – DEPARTMENT OF NEBRASKA**  
**P O BOX 5227, LINCOLN NE 68505-0227**  
**PHONE 402 466 1808      EMAIL: neaux@windstream.net**  
**www.nebraskalegionaux.net**

**UNIT INSTRUCTION SHEET FOR PROCESSING SCHOLARSHIP APPLICATIONS**

**APPLICATIONS WILL NOT BE ACCEPTED BY INDIVIDUALS**

To qualify for judging applications must be submitted by a local Nebraska American Legion Auxiliary Unit to the Department. Applicants **MUST NOT** send applications directly to the Department Office. Units be sure your applicants know this fact.

The Unit may submit **ONE PPP Nurse’s Scholarship Application** to the American Legion Auxiliary Department Headquarters for consideration. The Unit’s selection **must** be post-marked no later than **MARCH 15<sup>TH</sup>**. For information see the Education article in the current ABC Book provided to each Auxiliary Unit.

**CHECKLIST FOR UNIT PRESIDENT/OFFICER/UNIT EDUCATION CHAIRMAN**

- ✓ Put your Unit’s “mail to” information on the first page of application
- ✓ It is the Unit’s responsibility to check the contents of the scholarship application to be sure all requested letters and documents are enclosed
- ✓ Signature and phone number of Unit Officer/Chairman who verified contests requested in No. 5 are included in the applicant’s packet
- ✓ Each Unit may submit ONLY ONE of each Department (Nebraska) scholarships
- ✓ ONE Department scholarship per applicant. No duplicate applicants.
- ✓ Mail the completed Department application packet to the Department at: AMERICAN LEGION AUXILIARY, P O BOX 5227, LINCOLN NE 68505-0227
- ✓ All applications to be post-marked no later than MARCH 15
- ✓ Any applications post-marked AFTER MARCH 15 will not be considered

**UNIT #:** \_\_\_\_\_ **UNIT LOCATION: (town)** \_\_\_\_\_

**This application was reviewed by an officer/chairman of the above Unit and contains the information required in No. 5.**

\_\_\_\_\_  
Signature & Title

\_\_\_\_\_  
Daytime Phone #

Include this completed form in the application packet before mailing to Department.

**AMERICAN LEGION AUXILIARY – DEPARTMENT OF NEBRASKA**

**Applicant if you have any questions on where to submit this completed application please contact our Department Office at 402 466 1808.**

**PAST PRESIDENTS PARLEY NURSE'S SCHOLARSHIP**

**Applicant must be a resident of Nebraska and must be a Veteran or Veteran connected.**

If selected the scholarship must be used within the year selected. Funding not released by January 1<sup>st</sup> will not be awarded.

Please fill out application (online, by typewriter, or using legible printed handwriting if necessary) and return with all data under No. 5 in one packet to a Nebraska Unit President by **March 1<sup>st</sup>**.

**This section to be completed by the Auxiliary Unit** for the Applicant

Unit # \_\_\_\_\_ Unit Location \_\_\_\_\_ Local Unit contact person: \_\_\_\_\_

\_\_\_\_\_  
(List name, mailing address & contact phone for Unit member)

**This is a \$400 Scholarship. Mail your application packet to the Unit by March 1<sup>st</sup>.**

1. Name of Applicant: \_\_\_\_\_

2. In what school are you or were you last enrolled? \_\_\_\_\_

\_\_\_\_\_ Grade Level: \_\_\_\_\_

Is this a Public School \_\_\_\_\_ or Home School \_\_\_\_\_ or Other (explain) \_\_\_\_\_

\_\_\_\_\_ GPA: \_\_\_\_\_

If not in school, state your occupation: \_\_\_\_\_

3. By whom are you Veteran-connected: Self \_\_\_\_\_ Spouse \_\_\_\_\_ Father \_\_\_\_\_

Mother \_\_\_\_\_ Brother \_\_\_\_\_ Sister \_\_\_\_\_ Grandfather \_\_\_\_\_ Grandmother \_\_\_\_\_

Great-Grandfather \_\_\_\_\_ Great-Grandmother \_\_\_\_\_ Other \_\_\_\_\_

4. College or University you plan to attend: \_\_\_\_\_

\_\_\_\_\_

Nurse's training will be taken at: \_\_\_\_\_ Hospital

Length of course of study: \_\_\_\_\_

Tuition: Quarter \$ \_\_\_\_\_; Semester \$ \_\_\_\_\_; Year \$ \_\_\_\_\_

The following items **MUST** be included with your application in complete form.

5. **Narrative** (300 words or less) from Applicant stating chosen major and why you chose this field of study.

- A high school resume' with a list of community, church and school activities. Also include number of community service hours and a contact person
- **Letter of Acceptance** (tentative or final) from institution of higher education
- **Transcript** of high school (or college) grades
- **FAFSA** (Free Application for Federal Student Aid)

**For further information you may contact:**

American Legion Auxiliary Department Headquarters Phone 402 466 1808  
Email: neaux@windstream.net Website: www.nebrskalegionaux.net

USPS delivers mail to: \_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Complete address (City, State, Zip Code)

\_\_\_\_\_

\_\_\_\_\_ (**Signature of Applicant is a must**)

**APPLICATIONS WILL NOT BE ACCEPTED BY INDIVIDUALS:**

**To qualify for judging, your application must be submitted by a local Nebraska American Legion Auxiliary Unit. Incomplete applications will NOT be considered. ALL letters MUST be signed and DATED to qualify. Please ensure you have a complete packet for your local American Legion Auxiliary Unit.**