

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 Health Care Professional Scholarship Application** to the American Legion Auxiliary Department Headquarters for consideration. The Unit's selection **must** be post-marked no later than **MARCH 15TH**. 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 & 6 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 & 6.

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.

Health Care Professional Scholarship

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

This scholarship is for a 4-year Health care profession degree.

If selected the scholarship must be used within the year selected. Funding not released by January 1st 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 & 6 in one packet to a Nebraska Unit President by **March 1st**.

This section to be completed by the Auxillary Unit for the Applicant

Unit # _____ Unit Location _____ Local Unit contact person: _____

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

This is a \$500 Scholarship. Mail your application packet to the Unit by March 1st.

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. VETERAN CONNECTION:

Name of Veteran: _____ Branch of Service: _____

Dates of Service: _____ (Data found on form DD214 Discharge paper)

How are you related to the named Veteran: _____

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 field of study and why you chose it. **Narrative must be double-spaced and signed by the Applicant.** Please attach a separate page for this portion.

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

- **Two (2) letters of recommendation from:**
 - (a) One (1) letter from an employer; clergy; or businessperson in your community;
 - (b) One (1) letter from an administrator; guidance counselor; or teacher. **Both letters must be signed and have a contact phone number. It is preferred that letters be on letterhead.**
- A high school resume' to include a list of community involvement, church activities, and school activities/honors/awards. **Also include number of community service hours served and describe same; plus, a contact person name and phone number.**
- **Letter of Acceptance** (tentative or final) from chosen institute of higher education
- **Transcript** of high school (or college) grades **GPA: _____** **Certified Transcript of high school or college grades must be included with the application.**
- **ACT score _____** **SAT score _____** **Accuplacer Score _____**
(As applicable) **Must have official copy of document with scores included.**

_____ (Signature of Applicant)

For further information you may contact:

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

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 Auxiliary Unit.

Applicant – Please assemble your scholarship packet in the order given above. Thank you.