

AMERICAN LEGION AUXILIARY – 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

RUBY LORRAINEPAUL SCHOLARSHIP UNIT VERIFICATION

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 Ruby Lorraine Paul 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.

_____ (Applicant's name – print clearly)

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 contents requested in No. 6 & 7 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. 6 & 7.

Signature & Title

Daytime Phone #

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.

RUBY LORRAINE PAUL SCHOLARSHIP

The Ruby Lorraine Paul Scholarship will be awarded to a daughter, son, granddaughter, grandson, great-granddaughter or great-grandson of an American Legion or to an American Legion Auxillary member who has held Nebraska membership for two years or to an American Legion, American Legion Auxillary, or Sons of the American Legion member who has held Nebraska membership for two years. Applicant MUST be enrolled in an accredited college or university for the current year and be a Nebraska resident for the previous three (3) years. This scholarship **excludes applicants enrolled in a school of nursing.**

Applicant must be a high school senior or a graduate of an accredited high school and have maintained a "B" or better average for the past two (2) semesters of high school. 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 date under No. 6 & 7 In one packet for a Nebraska Unit President by **MARCH 1st**. (Local American Legion Auxillary Unit contact given below.)

This section to be completed by the local American Legion Auxillary Unit for the applicant.

Unit # _____ Unit Location _____ Contact Phone: _____

(List name, mailing address for Unit member contact)

This is a \$200 Scholarship. Mail your application packet to the Unit by March 1st.

1. Name of Applicant: _____

Mailing Address: _____

(City/State/Zip Code)

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

Grade Level: _____

Is this a Public School _____ or Home School _____ or Other (explain) _____

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 Papers)

How are you related to the named Veteran: _____

4. Are you _____, your parent _____, grandparent _____, or great-grandparent _____ a member of

The American Legion _____ American Legion Auxiliary _____ Sons of the American Legion _____
(Check all that apply) (Attach photocopy of membership card if available.)

5. Institute of higher education you plan to attend: _____

6. **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.)

7. 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 business person 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.
Applicant please ensure you have a complete packet for the local Auxiliary Unit.

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