

# APPLICATION

## MINNESOTA AMERICAN LEGION NURSE'S TRAINING SCHOLARSHIP

APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

SCHOOL YOU ARE ATTENDING \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NURSING PROGRAM THAT YOU ARE PURSUING \_\_\_\_\_

PRESENT LEVEL \_\_\_\_\_ YEARS OF SCHOOL REMAINING \_\_\_\_\_

DEGREE OR CERTIFICATE EARNED UPON COMPLETION OF SCHOOL \_\_\_\_\_

HAVE YOU RECEIVED ANY OTHER SCHOLARSHIPS OR FINANCIAL ASSISTANCE? IF SO,  
PLEASE LIST \_\_\_\_\_

FATHER/SPOUSE OCCUPATION \_\_\_\_\_ MOTHER/SPOUSE OCCUPATION \_\_\_\_\_

NUMBER OF DEPENDENTS IN FAMILY \_\_\_\_\_

FAMILY ADJUSTED GROSS INCOME FOR THE LAST TAX YEAR (TAKEN FROM THE FEDERAL  
INCOME TAX RETURN) \_\_\_\_\_

### OPTIONAL VOLUNTARY INFORMATION

ARE YOU A VETERAN? \_\_\_\_\_

ARE YOU A SPOUSE OR LEGAL DESCENDANT OF A VETERAN? \_\_\_\_\_

### THE FOLLOWING SHOULD BE COMPLETED BY A QUALIFIED COLLEGE OFFICIAL:

1. Student's on-going institute of higher learning scholastic average (GPA) for the last Semester \_\_\_\_\_ . Include college transcript.
2. College Official recommendation and remarks. (At least two or more recommendations should be included.)
3. Applicant should include a personal essay, including why applicant should receive a Nurse's Training Scholarship. The essay can be as long or short as the applicant deems necessary.

ANY APPLICATION TO BE CONSIDERED MUST BE IN DEPARTMENT HEADQUARTERS BY APRIL 1.  
APPLICANT SHOULD COMPLETE THE APPLICATION IN EVERY DETAIL, IN ORDER TO QUALIFY. ALL  
APPLICATIONS WILL BE DESTROYED AFTER SELECTION. ONLY THE WINNERS WILL BE NOTIFIED.

# **APPLICATION**

## **MINNESOTA AMERICAN LEGION NURSE'S TRAINING SCHOLARSHIP**

The purpose of this scholarship, sponsored by The Minnesota American Legion Nurse's Training Scholarship Fund, is to provide financial assistance to students to further their Nursing education in any Minnesota University, College, or other accredited institutions of higher education that provide Nursing Programs.

### **QUALIFICATIONS**

1. Applicant must be a legal resident of the State of Minnesota, and a citizen of the United States.
2. Applicant shall be a registered student in a Nursing Program in any Minnesota University, College, or other accredited institutions of higher education, and must meet the academic standards of the school they will be attending.
3. Applicant shall include a letter of recommendation from the Department Head of the Nursing Program in which they are enrolled.
4. Applicant must have a good record of school and community citizenship, indicate their loyalty to their country, and show the qualities of initiative and desire to pursue an education in the nursing field of their endeavor.
5. Applicant shall establish a financial need.

### **BASIS OF SELECTION**

Awards will be made on the basis of personal need with consideration given to the desire to continue their nursing education, ability to succeed, and Nursing career to be pursued. The decisions of the committee, composed of the members of the Education and Americanism Committee, or its duly appointed agents, will be final. Scholarship winners will be determined in the month of April and will be awarded during the month of May on that day designated as Nurses Day. **You will not be notified if you do not receive this scholarship. All applications will be destroyed after selection.**

### **EXTENT OF AWARD**

The maximum scholarship award is for \$1,000.00 and is for one year only, but application may be made for aid in succeeding years. The \$1,000.00 will be sent to the institution of the student's choice before the Fall Quarter/Semester.

### **REQUIREMENTS**

1. College transcript must be included.
2. Applicant should include a personal letter.
3. Applicant should include at least two (2) letters of recommendation.

### **APPLICATION AND DEADLINE**

Application forms for the scholarship may be obtained from the Education Committee, The American Legion, Department of Minnesota, 20 West 12<sup>th</sup> Street, Room 300A, St. Paul, MN 55155-2000.

### **APPLICATION DEADLINE IS APRIL 1**

**Please send completed Scholarship Application to The American Legion, Department of Minnesota, 20 West 12<sup>th</sup> Street, Room 300A, St. Paul, MN 55155.** If you have any questions, please call (651) 291-1800 or e-mail to [department@mnlegion.org](mailto:department@mnlegion.org).