American Legion Auxiliary
Department of Arkansas

NURSING SCHOLARSHIP
APPLICATION PACKET

Scholarship Award of $500 for
School Year 2018 - Spring 2019

Deadline to Submit Application to
Unit President is March 1, 2018

Deadline for Units to Submit Application
to Department Headquarters is
March 16, 2018

This is a Gift Scholarship - Not a Loan
American Legion Auxiliary - Department of Arkansas

1415 West Seventh Street, Little Rock, AR 72201
(501) 374-5836 Fax: (501) 372-0855 Email: ALAArkansasSecretary@yahoo.com
Find us on the Web: www.legionauxiliary.org and www.ArkansasG IrrState.com

Nursing Scholarship Application - (American Legion Auxiliary Fiscal Year 2018-2019)

Nursing Scholarship Award of $500.00 for College/University or Technical Institute
Awarded for School Year Fall Semester 2018/Spring 2019
Deadline to submit the application to the American Legion Auxiliary Unit President is March 1, 2018
This is a Gift Scholarship - Not a loan

RULES

1. **Eligibility**: Applicant for the Scholarship shall be a descendant of Veterans who served during the dates of eligibility for membership in the American Legion, War/_dates:

   a. April 6, 1917-Nov.11, 1918-WW1
   b. Dec. 7, 1941-Dec. 31, 1945-WWII
   d. Feb. 28, 1961-May 7, 1975-Vietnam
   e. Aug. 24, 1982-July 31, 1984-Grenada/Lebanon
   g. Aug. 2, 1990-date of cessation - (Persian Gulf)

   a. Applicants must be a descendant of a veteran, or other direct descendant of a member of the American Legion Auxiliary.

   b. Applicants must be in their Senior year of high school in the State of Arkansas

   B. Applicants need to demonstrate financial needs and be financially unable to attend a University or Technical Institute after graduation from High School. The Applicants total annual family income may not exceed $75,000.00.

   C. Applicant must be a resident of Arkansas.

   D. Applicant must be a first time winner of this award; an applicant who has previously been awarded this scholarship is ineligible.

   E. Applicant needs to submit the full Scholarship Award Application to their local American Legion Auxiliary Unit for consideration, no later than March 1, 2018.

   F. Auxiliary Units must review all Scholarship Applications they receive, and select one for consideration on the Department level. The Auxiliary must select and submit one Applicant Scholarship Package to Department Headquarters, no later than March 16, 2018. All late entries and incomplete Scholarship packages will be rejected.
2. **Application Packet Submission Requirements:** The applicant must submit the following for consideration:

   A. A fully completed Scholarship Application packet, with Auxiliary Unit Certification, stating the financial need of the applicant for assistance.

   B. Original essay between 500 and 800 words on the topic of "how an education will contribute to the applicant's future patriotic spirit".

   C. A Certified copy of the high school grade transcript

   D. A copy of the ACT or SAT Test Scores.

   E. A list of three community, civic, or school organizations where the applicant holds membership.

   F. A photocopy of the discharge papers (i.e. DD214 or certified document) of the Veteran showing branch of service and dates of service.

   G. Four (4) Letters of recommendation: Letters of recommendation shall include statements of character (giving standards of conduct, strength of character, adherence to truth and conscience, devotion to church and daily duties); statements of Americanism (the fine ideals and love of country); and statements of activities (describing activities of church, school, organization or community leadership ability, work history and personal magnetism). Letters must be from each of the following:

      a) One letter from the Principle or Guidance Counselor of the school from which the applicant will graduate, and must include the size of the class, and cumulative grade point average (GPA).

      b) One letter from a clergyman/clergywoman of the applicant's choice.

      c) Two letters from adult citizens, other than relatives, attesting to the character of the applicant in regard to conduct, citizenship and leadership.

**Award Information:**

   a. The Department Education Chairman, along with three or more qualified judges chosen by the Department President, shall make the final selections. Entries shall be judged, and winners selected, using the following rubric criteria with 54 total possible points:

      i. Application Presentation – 5 points

      ii. Student Essay / Americanism – 9 points

      iii. Financial Need - 15 points

      iv. Persuasiveness of Need - 8 points

      v. Academic Performance / Scholarship – 9 points

      vi. Letters of Recommendation – 8 points

   b. The judges may select alternates for each award, in the event the award winners cannot execute his/her plans.

   c. Award winners will be notified by USPS mail in a letter from the Department President and the Education Chairman.
d. Applicants receiving the scholarship award must register for the first semester in the Fall of 2018. The Registrar of the School must confirm the registration and mail proof to the American Legion Auxiliary Department of Arkansas Headquarters (1415 West 7th Street, Little Rock, AR 72201). Confirmation must be received no later than August 15, 2018, or the award will be forfeited unless special arrangements are made. Half of the Scholarship award will be paid directly to the school following confirmation of enrollment for the first semester. The second half of the award will be paid to the school at the confirmation of enrollment by the Registrar for the Spring 2019 Semester. If the scholarship award applicant should drop out of school, the Scholarship Award is forfeited.

4. Auxiliary Units: Applications must be submitted to the President of the Unit in the nearest Arkansas City, town or community in which the applicant resides, no later than March 1st, 2018.

a. Each Unit will select **ONE WINNER** of the Scholarship, Certified by the Unit president, and forwarded to the Department Secretary of the American Legion Auxiliary Department Headquarters (1415 W. 7th Street, Little Rock, AR 72201) by **March 16, 2018**. Applications received at Department Headquarters and **not** certified by the Unit President will be rejected.

**The Decision of the Judges shall be FINAL**
APPLICATION PACKET REQUIREMENTS CHECKLIST

Completed Application for Nursing Scholarship (Award of $500.00)

Original Essay between 500 and 800 words on the topic of "What can I personally do to promote Americanism in my school or community?"

A Certified Copy of the Applicant's High School Grade Transcripts

A Copy of the ACT or SAT Test Scores

A list of three (3) Community, Civic or school organizations where the Applicant has membership.

A photocopy of the discharge papers (i.e. DD214 or certified document) of the Veteran showing branch of service and dates of service.

Four (4) letters of Recommendation-Letters of recommendation shall include statements of character (giving standards of conduct, strength of character, adherence to truth and conscience, devotion to church and daily duties); statements of Americanism (the fine ideals and love of country); and statements of activities (describing activities of church, school, organization or community leadership ability, work history and personal magnetism). Letters must be from each of the following:

One letter from the Principle or Guidance Counselor of the school from which the applicant will graduate, and must include the size of the class, and cumulative grade point average (GPA).

One letter from a clergyman/clergywoman of the applicant's choice.

Two letters from adult citizens, other than relatives, attesting to the character of the applicant in regard to conduct, citizenship and leadership.

We must have all Documentation.
Applicant is required to submit all documentation listed above to the Sponsoring American Legion Auxiliary Unit by March 1, 2018.
AMERICAN LEGION AUXILIARY DEPARTMENT OF ARKANSAS APPLICATION
FOR NURSING SCHOLARSHIP - $500.00

Please submit completed application to the Unit President of the American Legion Auxiliary no later than March 1, 2018. The Department of Arkansas Headquarters must receive the full scholarship packet from the Unit no later than March 16, 2018.

Please Type or Print Clearly (Black or Dark Blue Ink)

Name of Applicant: ______________________________________________________

Mailing Address: ______________________________________________________City: ___________________________

State: ___________ Zip Code: ____________

Applicant Telephone Number: ____________________ Email: ________________________________

Name of Veteran by which applicant is eligible: _____________________________________________

Is Veteran Living? _____ Deceased? ____ Applicant's Relationship to Veteran: ________________________

In household of applicant, number of dependent children age 18 and under ___. Over age 18 __

Name of Father/Step Father ______________________________________________________________

Occupation: ___________________________ Annual Income: $_____________________

Name of Mother/Step Mother _____________________________________________________________

Occupation: ___________________________ Annual Income: $_____________________

Total monthly government compensation or pension received by parent and/or children: $______________

Monthly compensation or pension for applicant if mother has remarried or died: $______________

Are you eligible for Social Security payments? Yes________ No________

Monthly Income $____________________ Time Limit on Benefits ______________________

Are you eligible for benefits under Survivors and Dependents Education? Yes________ No________

Please Note: Applicant's Total Annual Income may not exceed $75,000.00

Proposed date of graduation from High School: ________________________________

Name of College or University you hope to attend: ________________________________

List your Community, civic or school organizations where you have membership: ________________

________________________________________ Date: ____________________________

Signature of Applicant: __________________________________________________

Printed Name __________________________ Date: ____________________________

Important Note: Please review the "packet requirements", be sure to attach all required material for this application and submit to the President of the American Legion Auxiliary Unit in or near the community in which you reside no later than March 1, 2018.
UNIT CERTIFICATION FOR DEPARTMENT OF ARKANSAS

NURSING SCHOLARSHIP

Unit Charter Name______________________________________________________

Unit Number:______ Unit/City:___________________________________________

Unit Address: __________________________________________________________

Unit President’s Address:
Name:_______________________________________________________________
Address: _____________________________________________________________

City________________________________________ State: ______ Zip:__________

X______________________________________________________________
Signature of Unit Secretary or Unit Education Chairman

Phone Number: ______________________________________________________

X______________________________________________________________
Signature of Unit President

Phone Number ______________________________________________________

Signature of Applicant:________________________________ Date:___________

Printed Name

Applicant Telephone Number:________________________ Email:______________

Important Note: Please review the “packet requirements”, be sure to attach all required material for this application and submit to the President of the American Legion Auxiliary Unit in or near the community in which you reside no later than March 1, 2018.
DEPARTMENT CERTIFICATION FOR NURSING SCHOLARSHIP

American Legion Auxiliary
Department of Arkansas
1415 West Seventh Street
Little Rock, AR 72201

Original Application and ALL Documentation must be attached and submitted for consideration.

Department President: Dr. Barbara Johnson

X__________________________
Signature of Department President

Department Secretary:

Name: Jean Leek

X__________________________
Signature of Department Secretary

Department Education Chairman:

Name: Trina Coleman

X__________________________
Signature of Education Chairman

Signature of Applicant: _______________________________ Date: __________________

Printed Name

Applicant Telephone Number __________________________ Email: __________________

Important Note: Please review the "packet requirements", be sure to attach all required material for this application and submit to the President of the American Legion Auxiliary Unit in or near the community in which you reside no later than March 1, 2018.