

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

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Find us on the Web: www.auxiliary.arlegion.org and www.ArkansasGirlsState.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-WWI
 - b. Dec.7, 1941-Dec.31, 1945-WWII
 - c. June 25, 1950-Jan.31, 1955-Korean
 - d. Feb.28, 1961-May 7, 1975-Vietnam
 - E. Aug. 24, 1982-July31, 1984-Grenada/Lebanon
 - f. Dec. 29, 1989 - Jan.31, 1990Panama
 - 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 March1, 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 March16, 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/or drawing 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: _____

Signature of Applicant: _____ Date: _____

Printed Name _____

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.