

2018 NURSING SCHOLARSHIP APPLICATION
SPONSORED BY American Legion Auxiliary Department of New Jersey
PAST PRESIDENT'S PARLEY
For those entering the field of nursing or related vocation.

RULES OF ELIGIBILITY

1. Applicant must be:
 - a. A child, Grandchild or Great-Grandchild of a Veteran who served in the Armed Forces during the eligibility dates for membership in the American Legion.
 - a. April 6, 1917 through November 11, 1918 (WWI)
 - b. December 7, 1941 through December 31, 1946 (WWII)
 - c. June 25, 1950 through January 31, 1955 (Korea)
 - d. February 28, 1961 through May 7, 1975 (Vietnam)
 - e. August 24, 1982 through July 31, 1984 (Grenada & Lebanon)
 - f. December 20, 1989 through January 31, 1990 (Panama)
 - g. August 2, 1990 to cessation of hostilities (Persian Gulf)
 - b. A resident of the State of New Jersey for two years immediately prior to applying for the scholarship; and
 - c. A member of the **2018** Graduating class of a senior high school in the State of New Jersey
2. Applicant must use the award the year it is issued, if the applicant selected for the awards fails to qualify for admission to the school of his or her choice by 9/1/18 the award will be forfeited. Scholarship payment will be confirmation of the candidate's enrollment by the school of his or her choice.
3. Scholarships shall be awarded on the following basis:
 - a. **CHARACTER** – 15% - High standards of conduct, keen sense of right, strength of character, adherence to truth and conscience and belief in God,
 - b. **AMERICANISM** – 15% - Fine ideals, love of country, ability to accept a few years hence, a citizen's responsibilities,
 - c. **LEADERSHIP** – 15% - Ability to lead and to accomplish through group action, personal magnetism, guidance and thought of others,
 - d. **SCHOLARSHIP** – 40% - Scholastic attainment, with grades of senior year and rating in class, evidence of industry, and application of studies,
 - e. **BASIS OF NEED** – 15% - Actual need of financial assistance to continue higher education. (Financial status of family or resources available **MUST** be stated.)
4. Complete application must be received by Department Chairman no later than **4/15/18**.

ALL REQUIREMENT MUST BE MET IN ORDER TO QUALIFY.

APPLICATION PACKET REQUIREMENTS

It is the applicant's responsibilities to make certain that the application form, copy of discharge, 4 letters of recommendation, record of grades, original article, and confirmation of financial need, are submitted in **ONE ENVELOPE**, and received by the Department Chairman listed below no later than **4/15/18**.

1. 2018 Completed Application Form of Applicant.
2. Photocopy of Parent's, Grandparent's or Great-grandparent's Honorable Discharge Papers. **DD214**.
3. Certified transcript or photocopy of high school grades and class standings, including Senior year.
4. An original article consisting of no more than 1,000 words (**double spaced**). The Title of the article/essay will be "**How Pride in country, community, school and family directs my daily life**".
5. **FOUR** letters of recommendation are required:
 - a. **ONE LETTER** from either the Principal or Guidance Counselor of the school from which the applicant is graduating.
 - b. **ONE LETTER** from a Clergyman/Clergy-woman of the applicant's choice.
 - c. **TWO LETTERS** from citizens, other than relatives, certifying to the applicant's **Character**, i.e. Americanism, Scholarship and Leadership.
6. **A confidential confirmation of financial need from the parent or guardian, including annual income and expenses and/or resources available to applicant.** (Person writing letter must indicate his/her position in relation to the applicant.)
7. A brief letter from the applicant stating the reason for his/her choice of vocation.

NOTE: School records and any items of a confidential nature may be sealed if necessary.

DEADLINE: Completed Application Packet **MUST** be received by the Department Chairman no later than **4/15/18**.

Mail to: Doreen Gallagher
26 Willow Drive Apt. 7A
Ocean, NJ 07712

AMERICAN LEGION AUXILARY, DEPARTMENT OF NEW JERSEY
2018 SCHOLARSHIP APPLICATION

For those entering the field of nursing or related vocation

1. Name of Applicant _____ Phone No. _____
2. Address _____
Street City Country State Zip
3. Date of Birth _____
4. How Long have you been a resident of New Jersey? _____
5. Name of Veteran through whom eligible _____
6. Branch of U.S. armed Forces Veteran served in _____
7. Number of dependent children in family: Under 18 years _____ Over 18 years _____
8. Occupation of Father (Stepfather) _____ Annual Income _____
9. Occupation of Mother _____ Annual Income _____
10. Total monthly government compensation received by parents and/or children:
\$ _____, Total monthly compensation or pension for applicant if mother has
remarried or is deceased \$ _____.
11. Are you eligible for benefits under the Jr. G.I. Bill? Yes _____ No _____
12. Are you eligible for or drawing Social Security payments? Yes _____ No _____
13. Proposed date of graduation from high school. _____
14. Name of high school. _____
15. Name and location of College or University you desire to attend: _____

16. Degree or career field you plan to pursue. _____
17. Estimated total annual expense for school. _____

Signature of Applicant _____
Date _____