2024 NURSING GRANT 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. Served federal active duty in the United States Armed Forces since December 7, 1941, and have been honorably discharged or are still serving. U.S. Merchant Marine eligible only from December 7, 1941 to December 31, 1946. (WWII).
 - **B.** A resident of the State of New Jersey for two years immediately prior to applying for the scholarship; and a member of the **2024** Graduating class of a senior high school in the State of New Jersey
 - C. 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 9/1/2024 the award will be forfeited. Scholarship payment will be confirmation of the candidate's enrollment by the school of his or her choice.
 - **D.** 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. **GRANT** 40% Grant 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 <u>MUST</u> be stated.)
 - E. Complete application must be received by Department Chairman no later than 3/14/2024,

ALL REQUIREMENTS MUST BE MET IN ORDER TO QUALIFY.

APPLICATION PACKET REQUREMENTS

It is the applicant's responsibilities to make certain that the application form, copy of discharge papers (DD214), four 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 **March 14, 2024**.

- 1. 2024 Completed Application Form of Applicant.
- 2. Photocopy of Parent's, Grandparent's or Great-grandparent's Honorable Discharge Papers. **DD214.**
- 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, Grant 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.
- 8. Recipient receiving award will need to show acceptance letter from the school of higher learning, (monies will be distributed to school of higher learning, not directly to recipient).

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

DEADLINE: Completed Application Packet **MUST** be received by the PPP Department Chairman no later than **March 14, 2024**,

Mail to: Carol Palangi 17 Craig Drive Deptford, NJ 08096 harowgate@comcast.net----609-970-6569

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۱.	Name of Applicant		Phone No			
2.	AddressStreet	C't-	Country	State	Zip	
	Street	City	Country	State	Zip	
3.	Date of Birth					
4.	Email:					
5.	How long have you been a resi	dent of New Jer	rsey?			
6.	Name of Veteran through who	m eligible				
7.	Branch of U.S. armed Forces V	Veteran served in	n			
8.	Number of dependent children	in family: Und	er 18 years	Over 18 ye	ears	
9.	Occupation of Father (Stepfather)Annual Income					
10	. Occupation of Mother (Stepme	other)	Annı	al Income		
11	. Total monthly government cor \$, Total monthl remarried or is deceased \$	ly compensation	or pension for a	nd/or childrer pplicant if mo	n: ther has	
13 14	. Are you eligible for benefits u . Are you eligible for or drawin . Expected date of graduation fi . Name of high school Name and location of College	g Social Securit rom high school or University y	ou desire to atter	sN	0	
17 18	7. Degree or career field you pla 3. Estimated total annual expens	in to pursue.				
	ture of Applicant			Date		