



**American Legion Auxiliary  
Department of California  
Past Presidents Parley Nursing Scholarship**

1. Applicant must be:
  - a. A veteran or the spouse, widow or widower, child (natural or adopted), or grandchild of a veteran who served April 6, 1917 – November 11, 1918, or December 7, 1941 to the date of cessation of hostilities as determined by the government of the United States,
  - b. A California resident,
  - c. Entering or currently enrolled in an accredited nursing school for the purpose of earning a Licensed Vocational Nurse, Registered Nurse, or other recognized nursing degree.
2. One scholarship up to \$4,000 to be given annually.
3. This is a gift scholarship and does not have to be repaid.
4. Applicant must submit the application and all supporting documents to a California American Legion Auxiliary Unit for sponsorship no earlier than September 1 and no later than the 1<sup>st</sup> Friday in April.
5. The Unit sponsoring the applicant's application must submit the complete packet to the Department Chairman no later than the 3<sup>rd</sup> Friday in April in order for it to be considered for the scholarship.
6. The winner of the \$4,000 scholarship is disqualified from future \$4,000 awards but may be encouraged to apply for a lesser amount. A scholarship winner shall be given priority each year until graduation, provided the grades and need meets the requirements and an application is submitted each year.
7. Applicants awarded scholarships by the Department of California American Legion Auxiliary have only two (2) years to initiate use of the funds awarded. If the scholarship is not claimed by the accredited nursing school on behalf of the student within (2) year period, the Department Office will require in writing as to why these funds have not been used.
8. If selected as the winner of the scholarship, the awardee must submit proof of enrollment in an accredited nursing school.
9. All awarded scholarship funds are paid to ONLY the awardee's school.



**American Legion Auxiliary  
Department of California  
Past Presidents Parley Nursing Scholarship Application**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade in school at time of application: \_\_\_\_\_

Exact date you plan to enter an accredited nursing school: \_\_\_\_\_

Name and address of accredited nursing school you are attending or have applied for admission:

**BASIS OF ELIGIBILITY:**

Relationship to the Veteran:

- |                                 |   |                                     |
|---------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Self   | <input type="checkbox"/> Widow or Widower           | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Child (Natural or Adopted) |                                     |

If you are not the Veteran, please list the name of the Veteran you are eligible through:

\_\_\_\_\_

The veteran served during the following period:

- April 6, 1917 – November 11, 1918
- December 7, 1941, to the date of cessation of hostilities as determined by the government of the United States

Veteran's branch of service:

- |                                       |                                      |                                      |
|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Army         | <input type="checkbox"/> Air Force   | <input type="checkbox"/> Navy        |
| <input type="checkbox"/> Marine Corps | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Space Force |

Have you applied for any other American Legion Auxiliary (ALA) or ALA National scholarship? If yes, which one (if more than one, list all.) \_\_\_\_\_

Have you been awarded any other scholarships?  Yes  No

If so, list the total amount: \_\_\_\_\_

Applicants planning to enter an accredited nursing school must attach the following:

1. Letter or recommendation from principal or a reference letter from a school official of the school last attended.
2. Two reference letters attesting to character and aptitude. Letters may be from school officials, clergyman, employers (current or former), or personal friend. (Only 1 letter may be from a personal friend.)
3. Essays
4. A copy of the applicant's FAFSA Student Aid Report (SAR).
5. Official sealed transcript(s) of grades.

Applicants already enrolled and in training must attach the following:

1. Letter from nursing school which includes scholastic standing, character rating, and recommendation for continuance of schooling.
2. Two reference letters attesting to character and aptitude. Letters may be from school officials, clergyman, employers (current or former), or personal friend. (Only 1 letter may be from a personal friend.)
3. Essays
4. A copy of the applicant's FAFSA Student Aid Report (SAR).
5. Official sealed transcript(s) of grades.

### Essays

1. Statement, in narrative form, not to exceed 500 words, giving family background, civic, social, school, church activities including the reason applicant feels qualified for the scholarship.
2. Statement, in narrative form, not to exceed 500 words, explaining why you are pursuing a Nursing career.
3. If your transcript shows any "D" or "F" grades or withdrawals from a class, provide an essay of approximately 400 words to explain specifically:
  - o What happened?
  - o What did you learn from it?
  - o What has changed or what will you do differently this time?

*It is understood that this scholarship can only be used at an accredited professional nursing school in California and disbursed according to its wishes. Additionally, I understand that applicants awarded scholarships by the Department of California American Legion Auxiliary have only two (2) years to initiate use of the funds awarded. I pledge that I shall apply myself to completing the course to which this scholarship is directed. If, for any reason, I am unable to complete the course. I will immediately notify the Department Headquarters of the American Legion Auxiliary, 401 Van Ness Ave. Ste 319, San Francisco, CA 94102-4570, so that any unused funds may be diverted to some other student's use.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian's  
Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**Applicant must locate the closest American Legion Auxiliary Unit to mail application and supporting documents. Applications must be submitted by the student to a Unit for sponsorship no earlier than September 1 and no later than the 1<sup>st</sup> Friday in April.**

*The following is for the use of the American Legion Auxiliary Only.*

**Unit Sponsorship:**

Sponsored by Unit (Name and Number) \_\_\_\_\_

Date Application Received by Unit \_\_\_\_\_

**Unit Chairman shall forward completed and signed applications to the Department Chairman no later than the 3<sup>rd</sup> Friday in April.**

Signature of Unit PPP Chairman \_\_\_\_\_ Date \_\_\_\_\_

Unit Chairman's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Unit President Signature \_\_\_\_\_ Date \_\_\_\_\_

Unit President's Name \_\_\_\_\_ Phone \_\_\_\_\_

Department Chairman Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chairman's Name \_\_\_\_\_ Phone \_\_\_\_\_

Date Application Received by Department PPP Chairman \_\_\_\_\_

In accordance with the Privacy Act of 1974, this information will be held in strict confidence.