PAST PRESIDENTS PARLEY NURSING SCHOLARSHIP
Instructions for the 2019-2020 School Year

The American Legion Auxiliary, Department of North Dakota, Past Presidents Parley, has scholarships to assist students pursuing a degree in the nursing field. The scholarship applications are available from the Department of North Dakota Headquarters by email at: secretary@ndala.org or the Auxiliary website: www.ndala.org.

1. Applicant eligibility:
   ▪ Must be a graduate of a North Dakota high school or home school and must be a child, grandchild, great-grandchild (adopted, step), of an active duty military or an honorably discharged veteran who is living or deceased.
   ▪ If a graduate of an out-of-state high school, applicant must be a member of the North Dakota American Legion Family (American Legion, American Legion Auxiliary, Sons of the Legion).
   ▪ Applicant may be an honorably discharged veteran or a spouse of a veteran.

2. If the applicant’s veteran eligibility/affiliation is with the American Legion Family, no military-issued document is required.

3. If the applicant’s veteran eligibility/affiliation is not with the American Legion Family, a photocopy of the veteran’s Certificate of Release or Discharge from Active Duty (Form DD-214) or other government-issued document showing time served as active duty military must accompany the application.

4. Accompanying the application (for high school applicant) please include one letter of recommendation from:
   a. A school administrator, principal, counselor, teacher, advisor or similar position.

5. Accompanying the application (for a veteran or spouse of a veteran), please include one letter of recommendation from a person of your choice.

6. An approximate 200-word essay written by the applicant accounting his or her background, education and ambition for the nursing profession must be included with the application.

7. The scholarship may be used at a nursing school of the student’s choice. Proof of acceptance must be included with the application.

8. The applicant must sign and date the application.

9. The completed application, 200-word essay, one letter of recommendation, proof of nursing school acceptance (if applicable) and veteran’s affiliation if necessary, (refer to #3) must be returned by April 1, 2020. Mail to: Diane Kraemer, Past Presidents Parley Chairman, 2466 Estabrook Dr., Grand Forks, ND 58201-6131.
PAST PRESIDENTS PARLEY NURSING SCHOLARSHIP

The American Legion Auxiliary Past Presidents Parley Nursing Scholarship will be awarded to worthy applicants pursuing RN or LPN training. The scholarship amount is $500. Scholarship funds will be paid by March 1, 2021 to the school of choice after the applicant can verify enrollment and satisfactory academic progress. Basis of Judging: Need 50%, Scholarship 30% and Character 20%.

Applicant’s Full Name: ____________________________________________
Applicant’s Mailing Address: _______________________________________

Date of Birth: Month/Day/Year ______________________________________
Name of Parents or Guardian: __________________________________________
Address: ___________________________________________________________
City: __________________________ State: ______________________ Zip Code: __________________________

How much of your school expenses must you earn? □ 25%   □ 50%   □ 100%
Number of children in your family: ________
How many children in your family attend: ________ Grade School ________ High School ________ College/University
Are you eligible for benefits under survivors and dependent’s education? □ Yes □ No
Are you eligible for Student Financial Aid? □ Yes □ No

Application Requirements

1. You must be a child, grandchild, great-grandchild (adopted, step) of an active duty military or honorable discharged veteran who is living or deceased.

2. Are you or your parents a member of the American Legion Family? □ Yes □ No

   Name of American Legion or Auxiliary Member: ____________________________

   Name of Post/Unit: ____________________________________________________ City: __________________________

3. You must be graduating from a North Dakota high school or home school and plan to attend a School of Nursing of your choice. Or you may be attending a School of Nursing at the present time.

   Name of High School: _____________________________________________ City: __________________________

   Name of Nursing School you are attending: __________________________ City: __________________________

   Address of above: ________________________________________________

4. You may be an honorably discharged veteran or spouse of a veteran.

5. If you are an out-of-state applicant, you must be a member of the North Dakota American Legion Family.

   Name of Post/Unit: _____________________________________________ City: __________________________

   Member ID: ____________________________________________________
Recommendation by a school administrator (principal, counselor, teacher, advisor or similar position)

(Veteran or spouse of a veteran), please include one letter of recommendation from a person of your choice.

________________________________ (Name of applicant) is applying for the American Legion Auxiliary Past Presidents Parley Nursing Scholarship.

Please comment on the following. Use back of form if needed.

Character and Citizenship
Attitude and Cooperativeness
Potential for Achieving Educational Goal
Additional comments regarding merit

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Date: __________ Printed Name of Reference: ___________________________________________
Reference Signature: ___________________________________________________________________
Relationship to Applicant: _______________________________________________________________
Address: __________________________________________ Phone: __________________________
City: __________________________ State: __________ Zip Code: ____________________________
Write or type an approximate 200-word essay on your life, education and goals. Proper spelling and grammar are important.

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Applicant's Signature: ______________________  Phone Number: ________________________________

Applicants Email: _________________________________________________________________________

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