



PAST PRESIDENTS PARLEY NURSING SCHOLARSHIP
Instructions for the 2024-2025 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).
 - The applicant may be an honorably discharged veteran or the 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 describing 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, 2025**. Mail to: *American Legion Auxiliary; Attn: Sandra Petermann, 1801 23rd Ave N., Room 113, Fargo, ND 58102-1047.*



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, 2026**, 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 honorably 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: _____

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: _____

