

## APPLICANT RULES FOR THE PAST PRESIDENT'S PARLEY SCHOLARSHIP

1. Applicants must be seeking a career in nursing and currently accepted into an accredited nursing program or enrolled in classes required for the nursing program.
2. Scholarships are awarded only to individuals enrolled in an accredited school or hospital program.
3. Any applicant who has previously received a Nurses' Scholarship from the American Legion Auxiliary may apply again.
4. This application form must be processed through an American Legion Auxiliary Unit in Illinois.
5. Included with the application must be:
  - a. The applicant's essay stating their reasons for choosing a nursing career.
  - b. Three signed letters of recommendation detailing the applicant's qualifications, character, volunteerism, and need for financial assistance from the following:
    1. The President of the sponsoring American Legion Auxiliary Unit
    2. A School Official of the current or recently graduated institution
    3. Clergy or Adult citizen, other than a relative, attesting to the applicant's character in regards to conduct, citizenship, and leadership
  - c. A copy of the most recent Federal Income Tax Return. If the applicant is claimed as a dependent, the parent or guardian's tax return must be submitted. If the applicant is self-supporting, his/her own tax return must be submitted. If the applicant lives with a parent or guardian, returns of both the applicant and the parent/guardian must be submitted.
  - d. *Grade Transcript*
  - e. The Name and address of the school or hospital the applicant attends or is planning to attend.
6. The completed application with all the required attachments must be submitted in a folder to the **sponsoring American Legion Auxiliary Unit NO LATER THAN APRIL 10, 2021.**  
**Return to: Name** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City, St, Zip** \_\_\_\_\_
7. Successful applicants **MUST** have the SCHOOL or HOSPITAL **send verification of their enrollment to The American Legion Auxiliary, Department of Illinois Headquarters, P.O. Box 1426, Bloomington, IL 61702-1426.**
8. The full amount of the scholarship will be paid in one payment. Each successful applicant will be required to sign an agreement that in the event he/she does not complete the semester of school as planned, arrangements must be made with the American Legion Auxiliary, Department of Illinois within thirty (30) days for repayment of the full \$1,000 scholarship.
9. Check will not be issued until a proof of enrollment letter from the applicant's school is received. This is different from an acceptance letter. This will verify enrollment into classes.

AMERICAN LEGION AUXILIARY  
DEPARTMENT OF ILLINOIS  
APPLICATION FOR NURSES SCHOLARSHIP  
(OFFERED THROUGH THE PAST PRESIDENTS PARLEY PROGRAM)

This application and all supporting documentation must be submitted to the sponsoring American Legion Auxiliary Unit no later than APRIL 10, 2021.

The sponsoring Unit must send the completed application with required documentation and signatures to the Department Past Presidents Parley Chairman, Deb Lewis, P.O. Box 152, Cisco, IL, 61830-0152 by May 1, 2021.

1. Name of Applicant \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

2. Name and address of parent(s)/guardian(s) or spouse \_\_\_\_\_

\_\_\_\_\_

3. Please provide a list of ways you volunteer in your community \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Name and address of most recently attended school \_\_\_\_\_

\_\_\_\_\_

5. Name and address of hospital/school you plan to attend \_\_\_\_\_

\_\_\_\_\_

Tuition cost per year \$ \_\_\_\_\_

6. State plans for financing nurses training in addition to this scholarship \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have you applied for or been awarded any other scholarship? Yes No

If yes, please list source and amount \_\_\_\_\_

8. Anticipated date of graduation \_\_\_\_\_

OVER

NOTE: Please be sure to attach all items required as described by #5 of the applicant rules.

- a. Essay stating your reasons for choosing a nursing career
- b. Three letters of recommendation – Sponsoring Unit President, Clergy or Adult, school
- c. Federal Tax Return(s)
- d. Grade Transcript
- e. Name and address of hospital/school you plan to attend

Signature of Applicant \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

Submitted by:

Unit Name and Number \_\_\_\_\_ District \_\_\_\_\_

Signature of Unit President \_\_\_\_\_

Unit President's name (type or print) \_\_\_\_\_

Unit President's address \_\_\_\_\_

Unit President's telephone number \_\_\_\_\_

Attested by: \_\_\_\_\_

Signature of Unit Secretary or Unit Past Presidents Parley Chairman

AMOUNT CONTRIBUTED TO THE PAST PRESIDENTS PARLEY FUND BY APRIL 10, 2021 \$ \_\_\_\_\_

Were your Parley Dues paid by April 10, 2021? Yes No

\_\_\_\_\_  
Verification of contribution  
Signature of Unit Treasurer