



American Legion Auxiliary Department of California

Name of Applicant _____

Do you own or rent your home? Yes No

Address _____ City, State, Zip _____

Telephone _____ How long have you lived in CA? _____ years

Place of Birth _____ Date of Birth _____

Grade in school at time of application _____

Exact date you plan to enter nursing school _____

What course or vocation do you wish to pursue? _____

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

BASIS OF ELIGIBILITY

Are you the Child, Spouse, Widow/Widower of or Are you on Active Duty or a Veteran who was in the Armed Forces of the United States during any of the following periods

April 6, 1917 - November 11, 1918	December 7, 1941 - December 31, 1946	June 25, 1950 - January 31, 1955
February 28, 1961 - May 7, 1975	August 24, 1982 - July 31, 1984	December 20, 1989 - January 31, 1990
August 2, 1990 to the date of cessation of hostilities as determined by the government of the United States		

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

Date Mustered in _____ at _____

Date Discharged _____ at _____

Date of Death of person Giving Eligibility (If Applicable) _____

Did person have a service connected disability? Yes No

Did person die of this disability? Yes No

Spouse or parental information, (if you are under 18) if applicable: Name and ages of children living at home, if any

Name _____ Address _____
Occupation Business Address _____

Are you receiving aid from: Yes No Veterans' Welfare Board? Yes No

Government Insurance Compensation? Yes No

S.R.A. (Servicemen's Readjustment Allotment)? Yes No

State Educational Aid? Yes No

Have you completed any other scholarship applications for your education? Yes No

If granted, what would the amount be? _____

APPLICANT'S ANTICIPATED ANNUAL REVENUE:

Cash on Hand	\$
Net earnings during the semester	\$
Working for board	\$
Working for room	\$
Assistance from parents/guardians	\$
Assistance from university/college	\$
Loan, gift or scholarship (not including American Legion Auxiliary)	\$
Advance from other source	\$

APPLICANT'S ANTICIPATED SCHOOL YEAR EXPENSES:

Tuition and fees	\$
Board	\$
Room	\$
Books	\$
Organizations	\$
Incidentals (itemize and explain)	\$

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

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. Written opinion from a doctor as to applicant's physical and emotional fitness for nurse's training.
3. Two reference letters attesting to character and aptitude (may be from school officials, clergyman, former employer, or personal friend).
4. Letter signed by parent, guardian or applicant (if not a minor) describing financial circumstances of family, to set forth need for assistance.
5. Transcript of grades.
6. Acceptance letter from chosen nursing school. (If not available, explain why).

Applicants already enrolled and in training must attach the following:

1. Letter from nursing school which includes scholastic standing (transcript or grades), character rating, and recommendation for continuance of schooling.
2. Letter signed by parent, guardian or applicant (if not a minor) describing financial circumstances of family, to set forth need for assistance.

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.

It is understood that this scholarship can only be used at an accredited professional nursing school in California and disbursed according to its wishes.

Signature of Applicant _____ Date _____

Applicant must locate the closest American Legion Auxiliary Unit to mail application and supporting materials Applications will not be accepted before September 1 or after April 20.

Sponsored by Unit (Name & Number) _____

Date Application Received _____

Signature of Unit PPP Chairman _____ Date _____

Unit Chairman's Name _____ Phone _____

Address _____ City, State, Zip _____

Signature of Unit President _____ Date _____

Signature of Department Chairman _____ Date _____

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

Unit Chairman shall forward completed and signed applications to the Department Chairman no later than April 20