



AMERICAN LEGION AUXILIARY

Department of California

Application for Past Presidents' Parley Nursing Scholarship



FORM PPP

2016-2017

This form intended for
Nursing students only

When an application is submitted by a student for more than one scholarship offered by the Department or National, the student is eligible to receive only one. A student may not receive more than one scholarship from Department in any one year.

Social Security # _____

Name of Applicant _____ Do you own or rent your home? _____

Address _____ How long have you lived in CA? _____

City, State, Zip _____ Telephone _____

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

_____ You are the child, spouse, widow/widower of _____

Or

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

Army Air Force Navy Marine Corps Coast Guard Serial No. _____

Date Mustered In _____ at _____

Date Discharged _____ at _____

Date of death of person giving eligibility (if applicable) _____

Did person have 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:

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 made application through any other source for possible assistance for your education? Yes No

If granted, what would this amount be? _____



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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 Yes No
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 94102-2470, 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, 2016 or after April 19, 2017.

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



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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 _____

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Unit Chairman shall forward completed and signed applications to the Department Chairman

no later than April 19, 2017: Anita Biggs, 30 E. Market St., Apt A, Long Beach, CA 90805

323-547-3729 Email: acjbiggs@aol.com