



AMERICAN LEGION AUXILIARY
Department of New Hampshire
PAST PRESIDENTS PARLEY
AWARD



Two (2) nursing awards will be awarded each year; \$800 to a Registered Nursing student and \$500 to a Licensed Practical Nursing student.

Applicant must be a resident of New Hampshire or be a member of a Unit of the American Legion Auxiliary, Department of New Hampshire for three (3) consecutive years including the current membership year and maintain membership through at least the award year and pursuing or continuing a nursing education regardless of gender.

Name _____ Date of Birth _____

Address _____

Telephone _____ E-mail _____

Number of children in family:

- a. Under 18 years of age _____
- b. Over 18 years of age _____
- c. Number of children attending college _____

Name of Parents _____

Is either parent a veteran? _____ Living or deceased _____ If a deceased veteran, give a brief statement of service and date and place of death: _____

Occupation of father _____ Annual Income \$ _____

Occupation of mother _____ Annual Income \$ _____

What school do you plan to attend? _____

Registered Nursing _____ Licensed Practical Nursing _____

How will this scholarship help you? _____

(OVER)

Other requirements to accompany this application:

- a. **Three (3) letters of recommendation; one (1) from applicant's Guidance Counselor and/or Advisor and two (2) from adult citizens, other than relatives.**
- b. **An original essay written by the applicant, consisting of not more than 300 words, on the following: "Why I want to study Nursing."**
- c. **A certified transcript or photocopy of school grades.**

Date: _____ **Signature** _____

DEADLINE: March 15

**SEND TO: American Legion Auxiliary
Department of New Hampshire
21 S. Fruit Street Suite 266
Concord, NH 03301-2428**