

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF MINNESOTA**

**PAST PRESIDENTS PARLEY HEALTH CARE SCHOLARSHIP
RULES AND REGULATIONS 2019-2020**

1. The Past Presidents Parley Health Care Scholarship has been established to assist needy and deserving students or adults to commence or further their education in any phase of the health care field including the entire medical, nursing and dental support fields such as registered nurses, nursing assistant, licensed practical nurse, X-ray or other technician, dieticians, physical or other therapist, dental hygienist or dental assistant, etc.
2. The Scholarship is a one-year scholarship for \$1,000.00.
3. The applicant must be a member of an American Legion Auxiliary in the Department of Minnesota, for a minimum of three (3) years; and maintain a “C” or better average in school if a student.
4. The Scholarship must be used for the purpose of continuing education, beyond high school, in a post-secondary educational facility.
5. **Applications must be signed by the Unit President of which you are a member and received in the Department Office of the American Legion Auxiliary by MARCH 15th.** They will be reviewed and scholarships will be awarded by a committee appointed by the Past Presidents Parley Chairman.
6. When notified that a scholarship application has been approved, the winners must send a letter of acceptance to the Department Office before any monies are released (up to ten recipients per year based on based on donations received this Auxiliary year).
7. The Scholarship will be awarded in the following manner: The \$1,000.00 will be sent directly to the school after the **first quarter** has been completed and proof of satisfactory grades via a transcript has been sent to the Department Office.
8. **APPLICATIONS MUST INCLUDE:**
 - A. A letter from either the superintendent, principal or counselor of the school now attending, or have attended, regarding scholastic record, aptitude and ambition.
 - B. A letter from either a business, clergy or professional person (not a relative) with whom you have been associated.
 - C. A brief **TYPED** essay from the applicant telling of his/her plans for higher education, career goals, and the need for financial assistance (see form with application).
 - D. A copy of high school or college transcript.

APPLICATIONS MUST BE RECEIVED BY MARCH 15TH

Applications must be sent to:

American Legion Auxiliary
State Veterans Service Building
20 W 12th Street, Room 314
St. Paul, MN 55155

PAST PRESIDENTS HEALTH CARE SCHOLARSHIP APPLICATION FORM 2019-2020

1. PERSONAL DATA:

Name: _____ Birthdate: _____

Address: _____ City _____ State _____ Zip _____

Marital Status: Single _____ Married _____ (Maiden name) _____

Phone for contact (home) _____ (cell) _____

If you work outside the home, what is your occupation: _____

Parents/Spouse's Name: _____

Parents/Spouse's Occupation: _____

Names and Ages of Dependents: _____

Number and Location of the American Legion Auxiliary Unit to which you belong:

UNIT NUMBER _____ UNIT LOCATION _____

MEMBERSHIP ID NUMBER _____ YEARS OF MEMBERSHIP _____

2. Name and address of Post High School Education Institution you plan to attend or are attending:

(NAME)

(ADDRESS)

3. Course of study or major you intend to follow:

a. _____ (length of program) _____ (estimated cost per year) _____

4. Amount of Financial Aid package you expect to receive from the school you will attend. (print or type).

➤ Student Work \$ _____

➤ Student Loan \$ _____

➤ Scholarships \$ _____

➤ Grants \$ _____

5. List other scholarships you have been awarded and the amount of each: _____

6. List other financial assistance you expect to receive: _____

7. EDUCATION

Names

Dates Attended

High School: _____

Colleges (if applicable): _____

8. List the activities you have participated in, both in and out of school (including dates, employment, offices held and awards - you may type this on a separate sheet) (PLEASE **TYPE** USING THIS FORM

ALSO)

Employment	Community	School	Awards

9. **HIGH SCHOOL SENIORS:** Please furnish the following information:

A. To be completed by the **High School Guidance Office:**

Grade Point Average: _____ Class Standing: _____ Percent in Class: _____

Graduation Date: _____

COUNSELOR'S SIGNATURE _____

(Please attach your high school transcript)

B. If you are not 18 years old, please have your parents or guardian complete the following:

I, the parent/guardian of (please print) _____

DO HEREBY GIVE PERMISSION FOR THE RELEASE OF MY CHILD'S educational records.

(SIGNATURE)

(DATE)

10. **COLLEGE STUDENTS:** Applicants enrolled in college must send a copy of their current college transcript.

***** If you are not a high school senior and this is your first college enrollment, please include your high school transcript.

11. I certify that the foregoing information is true and correct. I also agree that if I am awarded a Health Care Scholarship by the Minnesota American Legion Auxiliary and decide not to seek further education, or change my course of study from the Health Care Field, I will **immediately** notify the State American Legion Auxiliary office at 888-217-9598 or 651-224-7634.

(APPLICANT'S SIGNATURE)

(DATE)

Applicant Name _____

This section is REQUIRED for Applicant Award Selection.

You must furnish 2 letters of reference of non-family members (see rules and regulations sheet), along with the applicant statement. Name and relationship of those furnishing letters of reference:

	Name	Relationship
1.	_____	_____
2.	_____	_____

APPLICANTS STATEMENT: On the space below and if additional space is needed use another page. Please **TYPE** this statement indicating:

- What your future plans are?
- What are your career goals?
- The need for financial assistance?

This statement must be a **minimum of 75 words.**

SIGNATURE)

(DATE)

(UNIT PRESIDENT'S