

Past Presidents Parley Plaques and Awards 2023-2024

Kienholz Walker Plaque Department Award

All entries are to be sent to the Department Past President's Parley Chairman:

Donna Barbknecht 25891-344th Ave Battle Lake Mn 56515.

Award: Plaque presented Department Convention

Award Criteria: To the Unit submitting the best narrative on the activities of the Unit's Past President's Parley in existence prior to 2023.

Award Guidelines: Entry must be typewritten in narrative format, not to exceed 1,000 words.

The entry may include no more than five pictures and news articles.

Parley must be in existence prior to 2023.

American Legion Auxiliary Dept. Of MN Past President Parley Health Care Scholarship

Rules and Regulations 2023-2024.

1. The Past President 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 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 scholarship will be awarded by a committee appointed by the Past President's Parley Chairman.
6. When notified that a scholarship application has been approved, the winner must send a letter of acceptance to the Department Office before any monies are released (up to ten recipients per year 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 15

Applications must be sent:

American Legion Auxiliary

State Veterans Service Building

20 W 12th Street, Room 314

St. Paul, MN 55155

PAST PRESIDENT'S PARLEY HEALTH CARE SCHOLARSHIP APPLICATION FORM
2023-2024.

1. PERSONAL DATA

2. 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 I.D. 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

Date 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:

10. 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 _____

11. 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.

12. 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 from non-family members (see rules and regulations sheet), along with the applicant statement. Name and relationship of those furnishing letter of reference:

Name	Relationship
1. _____	_____
2. _____	_____

APPLICANTS STATEMENT: On the space below and if additional space is needed use another page.

TYPE this statement indicating:

*What are your future plans?

*What are your career goals?

*The need for financial assistance?

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

TO HERBY GIVE PERMISSION FOR THE RELEASE OF MY CHILD'S educational record
Signature _____
Date _____

IF COLLEGE STUDENT: Applicant enrolled in college must send 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.

I hereby 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 (652) 217-2526 in (217-214-2624).

APPLICANT'S SIGNATURE _____
DATE _____
Applicant Name _____

THE SECTION IS REQUIRED FOR ANOTHER AWARD SELECTION.
You must include (2) letters from non-family members (aunt, uncle and neighbors, etc.) along with the applicant statement. Name and relationship of those furnishing letter of reference.

Name _____
Relationship _____

APPLICANT'S STATEMENT: On the space below and if additional space is needed use another page.

TYPE the statement indicating:

Unit President's Signature

Date
