

**AMERICAN LEGION AUXILIARY  
DEPARTMENT OF MINNESOTA**

**PAST PRESIDENTS PARLEY HEALTH CARE SCHOLARSHIP  
RULES AND REGULATIONS 2020-2021**

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 15<sup>th</sup>.** 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 15<sup>TH</sup>**

Applications must be sent to:

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

**PAST PRESIDENTS HEALTH CARE SCHOLARSHIP APPLICATION FORM 2020-2021**

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:**

|    | <b>Name</b> | <b>Relationship</b> |
|----|-------------|---------------------|
| 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.**

\_\_\_\_\_  
(UNIT PRESIDENT'S SIGNATURE)

\_\_\_\_\_  
(DATE)