

November 2024

TO:

College, University, Nursing Program Directors

FROM:

Don Skow, Chairman Education Committee; The American Legion, Dept of MN

SUBJECT: THE MINNESOTA AMERICAN LEGION NURSE'S TRAINING SCHOLARSHIP

Enclosed you will find information and application forms for THE MINNESOTA AMERICAN LEGION NURSE'S TRAINING SCHOLARSHIP; which will be awarded next year.

Interest income from The American Legion Nurses Scholarship Fund (Fund 66) will permit approximately three (3) \$1,000.00 scholarships to be awarded each year.

We suggest that you make this Scholarship Application available to your nursing students.

These scholarships should be made available to any Nursing student; however, since The American Legion is a Veterans Service Organization, we would prefer that these scholarships would be distributed to nursing students that are Veterans, spouses of Veterans, or legal descendants of Veterans.

All information requested should be filled in so that the application can be given full consideration. Applications should be returned to the **The American Legion**, **Department of Minnesota**, **20 West 12**th **Street**, **Room 300A**, **St. Paul, MN 55155**, no later than April 1.

After the committee has made its decision, all applications are destroyed because of the confidential information enclosed. We do **not** keep a list of the applicants that do **not** receive a scholarship.

We ask for your assistance in this program and hope that you will provide this to your Nursing students.

CC:

District Americanism Chairmen
Education Committee Vice Chairman

District Commanders
District Adjutants

Department Americanism Committee

APPLICATION

MINNESOTA AMERICAN LEGION NURSE'S TRAINING SCHOLARSHIP

The purpose of this scholarship, sponsored by The Minnesota American Legion Nurse's Training Scholarship Fund, is to provide financial assistance to students to further their Nursing education in any Minnesota University, College, or other accredited institutions of higher education that provide Nursing Programs.

QUALIFICATIONS

- 1. Applicant must be a legal resident of the State of Minnesota, and a citizen of the United States.
- 2. Applicant shall be a registered student in a Nursing Program in any Minnesota University, College, or other accredited institutions of higher education, and must meet the academic standards of the school they will be attending.
- 3. Applicant shall include a letter of recommendation from the Department Head of the Nursing Program in which they are enrolled.
- 4. Applicant must have a good record of school and community citizenship, indicate their loyalty to their country, and show the qualities of initiative and desire to pursue an education in the nursing field of their endeavor.
- 5. Applicant shall establish a financial need.

BASIS OF SELECTION

Awards will be made on the basis of personal need with consideration given to the desire to continue their nursing education, ability to succeed, and Nursing career to be pursued. The decisions of the committee, composed of the members of the Education and Americanism Committee, or its duly appointed agents, will be final. Scholarship winners will be determined in the month of April and will be awarded during the month of May on that day designated as Nurses Day. You will not be notified if you do not receive this scholarship. All applications will be destroyed after selection.

EXTENT OF AWARD

The maximum scholarship award is for \$1,000.00 and is for one year only, but application may be made for aid in succeeding years. The \$1,000.00 will be sent to the institution of the student's choice before the Fall Quarter/Semester.

REQUIREMENTS

- 1. College transcript must be included.
- 2. Applicant should include a personal letter.
- 3. Applicant should include at least two (2) letters of recommendation.

APPLICATION AND DEADLINE

Application forms for the scholarship may be obtained from the Education Committee, The American Legion, Department of Minnesota, 20 West 12th Street, Room 300A, St. Paul, MN 55155-2000.

APPLICATION DEADLINE IS APRIL 1

<u>Please send completed Scholarship Application to The American Legion, Department of Minnesota, 20 West 12th Street, Room 300A, St. Paul, MN 55155.</u> If you have any questions, please call (651) 291-1800 or e-mail to <u>department@mnlegion.org</u>.

APPLICATION

MINNESOTA AMERICAN LEGION NURSE'S TRAINING SCHOLARSHIP

APPLICANT'S NAME				
ADDRESS				
CITY	STATE	ZIP	PHONE ()	
SCHOOL YOU ARE ATTENDING				
ADDRESS		CITY	STATE _	ZIP
NURSING PROGRAM THAT YOU ARE PURSUING				
PRESENT LEVEL	YEARS OF SCHOOL REMAINING			
DEGREE OR CERTIFICATE EARNED UPON COMPLETION OF SCHOOL				
HAVE YOU RECEIVED ANY OTH PLEASE LIST				
FATHER/SPOUSE OCCUPATION MOTHER/SPOUSE OCCUPATION				
NUMBER OF DEPENDENTS IN FA				
FAMILY ADJUSTED GROSS INCOME FOR THE LAST TAX YEAR (TAKEN FROM THE FEDERAL				
INCOME TAX RETURN)				
<u>OPT</u>	IONAL VOLU	NTARY INFO	RMATION	
ARE YOU A VETERAN?				
ARE YOU A SPOUSE OR LEGAL DESCENDANT OF A VETERAN?				

THE FOLLOWING SHOULD BE COMPLETED BY A QUALIFIED COLLEGE OFFICIAL:

- 1. Student's on-going institute of higher learning scholastic average (GPA) for the last Semester . Include college transcript.
- 2. College Official recommendation and remarks. (At least two or more recommendations should be included.)
- 3. Applicant should include a personal essay, including why applicant should receive a Nurse's Training Scholarship. The essay can be as long or short as the applicant deems necessary.

ANY APPLICATION TO BE CONSIDERED MUST BE IN DEPARTMENT HEADQUARTERS BY APRIL 1. APPLICANT SHOULD COMPLETE THE APPLICATION IN EVERY DETAIL, IN ORDER TO QUALIFY. ALL APPLICATIONS WILL BE DESTROYED AFTER SELECTION. ONLY THE WINNERS WILL BE NOTIFIED.