PAST PRESIDENTS PARLEY - NURSES' SCHOLARSHIP

2017-18 INSTRUCTIONS FOR THE 2018-19 SCHOOL YEAR

The American Legion Auxiliary Department of Ohio, Past Presidents Parley, has a program to assist students pursuing a degree in the nursing field. The scholarships are available from Department Headquarters or can be downloaded from the www.alaohio.org web site. Local Auxiliary Units should contact their local high schools on the availability of this scholarship. Order additional applications from: American Legion Auxiliary, Scholarship Coordinator, PO Box 2760, Zanesville, Ohio 43702-2760.

1. The applicant must be an honorably discharged veteran or a spouse, son or daughter (adopted, step, grand, or great-grand) of a living, deceased, or disabled honorably discharged veteran who served during these active war dates:
   - WORLD WAR I - April 6, 1917 to November 11, 1918
   - WORLD WAR II - December 7, 1941 to December 31, 1946
   - KOREAN WAR - June 25, 1950 to January 31, 1955
   - VIETNAM WAR - February 28, 1961 to May 7, 1975
   - LEBANON/GRENADA - August 24, 1982 to July 31, 1984
   - PANAMA - December 20, 1989 to January 31, 1990
   - DESERT STORM - August 2, 1990 to cessation

2. Attach to this application a photocopy of the veteran’s Certificate of Release or Discharge from Active Duty (Form DD-214) or other government document showing time served on active military duty during the eligibility period(s) indicated above.

3. The applicant must be a resident of Ohio.

4. The applicant must be sponsored by an Ohio American Legion Auxiliary Unit.

5. The scholarship may be used at the nursing school of the student's choice. Proof of acceptance must be attached to application.

6. Accompanying the application must be three letters of recommendation from:
   1) A member of the clergy or a representative to attest to devotional beliefs.
   2) A representative of the community.
   3) The applicant stating his/her qualifications for the nursing profession.

8. The applicant must sign and date the application.

9. The completed application must be returned to the American Legion Auxiliary Unit by May 1, 2018.

10. The Unit President must sign the application and forward it by May 15, 2018, with all supporting documents, to the Department Past Presidents Parley Chairman:

Martha Setlock
38504 Courtland Drive
Willoughby, Ohio 44094
msetlock@sbcglobal.net

(Over for Application)
PAST PRESIDENTS PARLEY - NURSES' SCHOLARSHIP

2017-18 APPLICATION FOR THE 2018-19 SCHOOL YEAR

Name of Applicant ____________________________ Social Security Number ____________________________

Address ___________________________________________ Birth Date __________ / ______ / ______

City, Ohio ____________________________ Zip Code __________ Phone Number __________

Email Address: ____________________________________________

Name of Veteran ____________________________________________

If deceased, give date of death __________________

Veteran Affiliation:

Wife [____] Husband [____]

Daughter [____] Son [____]

Adopted Daughter [____] Adopted Son [____]

Step-Daughter [____] Step-Son [____]

Granddaughter [____] Grandson [____]

Self [____] Great Grandson [____]

Adopted Son [____] Great Granddaughter [____]

Adopted Daughter [____] __________________________________________

Give a brief statement and date of Military Service of veteran __________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Have you previously received a PPP Nurses Scholarship from the American Legion Auxiliary? Yes ____ No ___

College Name and Address

____________________________________________________________________________________________

____________________________________________________________________________________________

Current Enrollment ____________________________

Signature of Applicant __________ / ______ / ______ (_____) ______ Phone Number __________

Signature of American Legion Auxiliary Unit President __________ / ______ (_____) ______

District/Unit Number __________ Unit President’s Phone Number __________

Submit to: Martha Setlock, 38504 Courtland Drive, Willoughby, Ohio 44094