

# Ohio Unit Plan of Action

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## AMERICAN LEGION AUXILIARY Department of Ohio

### NURSES' SCHOLARSHIP

#### 2024-25 INSTRUCTIONS FOR THE 2025-26 SCHOOL YEAR

The American Legion Auxiliary Department of Ohio has a program to assist students pursuing a degree in the nursing field. The scholarships are available from Department Headquarters: American Legion Auxiliary, Scholarship Coordinator PO Box 2760, Zanesville, Ohio 43702-2760 or can be downloaded from the [www.alaohio.org](http://www.alaohio.org) web site found under the Scholarship tab. Local Auxiliary Units should contact their local high schools on the availability of this scholarship.

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:
  - ◆ Due to the July 30, 2019, signing of the **Let Everyone Get Involved with Opportunities for National Service – The LEGION ACT** – eligibility for membership in The American Legion has been changed from the former seven war eras to two:
    1. April 6, 1917 – Nov. 11, 1918
    2. Dec. 7, 1941 – current.
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 along with a current class schedule or current financial aid letter.
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 financial need and why he/she feels they are deserving of this scholarship.
7. The applicant must sign and date the application.
8. The completed application must be returned to the American Legion Auxiliary Unit by **April 15, 2025**.
9. The Unit President must sign the application and forward it by **May 1, 2025**, with all supporting documents, to the Department Education Vice Chairman:

Cindy Masowick  
Education Vice Chairman  
9320 Root Dr., Streetsboro, OH 44241-5540  
[cjidgy@gmail.com](mailto:cjidgy@gmail.com)  
(Over for Application)

# Ohio Unit Plan of Action

## NURSES' SCHOLARSHIP

### 2024 – 2025 APPLICATION FOR THE 2025-2026 SCHOOL YEAR

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Address \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Date

\_\_\_\_\_, Ohio \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City Zip Code Phone Number

Veteran Affiliation: \_\_\_\_\_ Name of Veteran \_\_\_\_\_  
Wife [ ] Husband [ ]  
(Indicate with (√)) Daughter [ ] Son [ ]  
Adopted Daughter [ ] Adopted Son [ ]  
Self [ ] Step-Daughter [ ] Step-Son [ ]  
Granddaughter [ ] Grandson [ ]  
Great Granddaughter [ ] Great Grandson [ ]

Brief statement and date of Military Service \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Financial Information

#### Family

#### Applicant

Family Income \$ \_\_\_\_\_ \$ \_\_\_\_\_

Social Security Income \$ \_\_\_\_\_ \$ \_\_\_\_\_

VA Benefits \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number in Household \_\_\_\_\_ Number currently attending College \_\_\_\_\_

\_\_\_\_\_  
College Name and Address

Full-time student \_\_\_\_\_ Part-time student \_\_\_\_\_ What year in school? \_\_\_\_\_

\_\_\_\_\_  
Major(s) / Minor(s) of Study

College Expenses (Please list and explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief statement of individual need \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously received a Nurses' Scholarship from the American Legion Auxiliary? \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Date Phone Number

\_\_\_\_\_  
SIGNATURE OF AMERICAN LEGION AUXILIARY UNIT OFFICER \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
DISTRICT/UNIT NUMBER UNIT REPRESENTATIVE'S PHONE #

**Submit to:**  
**Cindy Masowick, Education Vice Chairman**  
**9320 Root Dr.**  
**Streetsboro, OH 44241-5540**  
**cjidgy@gmail.com**