

ALOHA NURSING SCHOLARSHIP
PAST PRESIDENTS' PARLEY – DEPARTMENT OF MONTANA

RULES GOVERNING COMPETITION:

- Entrant in the competition for the Aloha Scholarship shall be the daughter, granddaughter, great-granddaughter, son, grandson, or great-grandson of a member of the American Legion Auxiliary of Montana (living or deceased.)
- He/She shall be a senior in high school or shall have completed high school.
- Applicant shall submit an essay, not to exceed five hundred (500) words or less than three hundred (200) words. The essay must relate to some phase of NURSING as a profession or the reason for wishing to enter this profession.
- Applicant shall submit a certified copy of his/her high school and college transcript (if applicable.)
- Accompanying the application, the transcript and essay, the applicant must furnish a letter attesting to the applicant's character AND aptitude from:
 - The superintendent, principal, or a teacher at the high school the applicant attends or attended.
 - ✓ An additional letter from one of the following:
 - ✓ Minister or Priest of the church the applicant attends.
 - ✓ A member of the Nursing profession who knows the applicant.
 - ✓ A person who has known the applicant for a number of years and is not a relative.
- The applicant shall be judged on the following basis:
 - 50% Character, aptitude, scholarship and need
 - 50 % Essay; subject matter, clearness of presentation and neatness.

Entries must be in the hands of the Department's Past Presidents' Parley Chairman ON OR BEFORE APRIL 15.

- The winner will be notified by letter.

Applications are the property of the American Legion Auxiliary UNLESS ACCOMPANIED BY A REQUEST TO RETURN AND RETURN POSTAGE IS INCLUDED.

AMERICAN LEGION AUXILIARY – ALOHA NURSING SCHOLARSHIP

Complete this application and submit with supporting documents to the Past Presidents' Parley Chairman.

Full Legal Name: _____ Date of Birth: _____

Address: _____, City: _____, ST: _____, ZIP: _____

Phone/Cell/Best Contact: _____ Marital Status: _____

Name and address of Father or Guardian: _____

Name and address of Mother or Guardian: _____

Name of the Montana Auxiliary Member (mother, grandmother, or great-grandmother) and Name/Number of Auxiliary Unit she belongs/belonged to:

Number of Children in Applicant's Family under 18: _____ Over 18: _____

Father's (or Guardian's) Occupation: _____ Annual Income: _____

Mother's (or Guardian's) Occupation: _____ Annual Income: _____

Government compensation (if any) or pension received by mother for herself or her children:

If applicant is married, give name of spouse profession and annual income: _____

Applicant's income if considered an independent student by Federal Standards: _____

Number of children (dependents) if any: _____

Name of college or colleges applicant is attending or has attended: _____

How are you financing (or planning to finance) your college education? _____

Date: _____ Signature of Applicant: _____