

**AMERICAN LEGION AUXILIARY, DEPARTMENT OF GEORGIA  
PAST PRESIDENT PARLEY NURSING SCHOLARSHIP  
3035 Mt. Zion Rd.  
Stockbridge, Ga., 30281-4101**

**Note: Deadline For Submitting On Or Before June 1<sup>st</sup>, Of Current Year. Applicant Must Be The Descendant Of A Veteran And Must Be Sponsored By A Local Unit Of The American Legion Auxiliary.**

**Attach to this application the following:**

1. Statement, in own handwriting, as to
  - a. Why I wish to be a nurse
  - b. Why I need a scholarship
2. A transcript of all High School or College Grades
3. A recommendation from High School Principal or Superintendent
4. Recommendations from Two (2) responsible persons, other than relatives
5. Recommendation from sponsoring American Legion Auxiliary Unit

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent(s) or Guardian**

**A. Name of applicant** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**B. Address** \_\_\_\_\_

**C. Name of School last attended** \_\_\_\_\_

**Location** \_\_\_\_\_

**D. Date of Graduation** \_\_\_\_\_ **E. Birthday (Month, Day, Year)** \_\_\_\_\_

**F. Nursing School in which I will enroll (name of school)** \_\_\_\_\_

**Location** \_\_\_\_\_

**G. Are Parent(s) living?** Father \_\_\_\_\_ Mother \_\_\_\_\_ **Disabled?** Father \_\_\_\_\_ Mother \_\_\_\_\_

**H. Occupation of Parent(s)** Father \_\_\_\_\_ Mother \_\_\_\_\_

**Annual Income** Father \$ \_\_\_\_\_ Mother \$ \_\_\_\_\_

**J. Number of children in family (include yourself)** Under 18 \_\_\_\_\_ Over 18 \_\_\_\_\_

**Number of children over 18 in School or College** Over 18 \_\_\_\_\_ **Where** \_\_\_\_\_

**K. Name of Parent(s) and/or Guardian** \_\_\_\_\_

**L. Address** \_\_\_\_\_

**M. Name of descendant who served during any of the conflicts listed below:** \_\_\_\_\_

WW I, (April 6, 1917-November 11, 1918) \_\_\_\_\_

Anytime After 12/7/1941 (check all that apply):

Global War on Terror \_\_\_\_\_ Gulf War \_\_\_\_\_ Panama \_\_\_\_\_ Lebanon/Grenada \_\_\_\_\_ Vietnam \_\_\_\_\_ Korea \_\_\_\_\_ WW II \_\_\_\_\_

Other Conflicts \_\_\_\_\_

**Brief statement of Service:** \_\_\_\_\_

**Is Father or Mother a member of The American Legion?** \_\_\_\_\_ **Post Number** \_\_\_\_\_

**Is Mother a member of The American Legion Auxiliary?** \_\_\_\_\_ **Unit Number** \_\_\_\_\_

**Are you a member of the Junior Auxiliary or the S.A.L.?** \_\_\_\_\_ **Post/Unit Number** \_\_\_\_\_

**N. The American Legion Auxiliary Unit sponsoring this applicant:**

\_\_\_\_\_  
**Unit Name**

\_\_\_\_\_  
**Unit Number**

\_\_\_\_\_  
**Location**

**Completed Application And All Other Information Must Be Sent To The Above Address.**