

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 1st, 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 _____
Annual Income Father \$ _____ Mother _____
Mother \$ _____

J. Number of children in family (include yourself) Under 18 _____
Number of children over 18 in School or College Over 18 _____ Where _____
Over 18 _____

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.