**Pat Morgan**

**2229 Johnson Short Road**

**Quitman, Georgia 31643**

**(229)561-4070**

**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
   1. Why I wish to be a nurse
   2. 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**

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

1. **Address**

1. **Name of School last attended**

**Location**

1. **Date of Graduation** **E.** **Birthday (Month, Day, Year**)

1. **Nursing School in which I will enroll (name of school**)

**Location**

1. **Are Parent(s) living**? Father Mother **Disabled?** Father Mother

1. **Occupation of Parent(s)** Father Mother **Annual Income** Father $ Mother $

1. **Number of children in family (include yourself)** Under 18 Over 18

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

1. **Name of Parent(s) and/or Guardian**

1. **Address**

1. **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.?**    **N. The American Legion Auxiliary Unit sponsoring this applicant**: |  | **Post/Unit Number** |
|  |  |  |
| **Unit Name** **Unit Number** |  | **Location** |

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

**2023**