

**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 _____ 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:

World War I	April 6, 1917 – November 11, 1918	Vietnam War	December 22, 1961 – July 31, 1975
World War II	December 7, 1941 – December 31, 1946	Grenada/Lebanon	August 24, 1982 – July 31, 1984
Korean War	June 25, 1950 – January 31, 1955	Panama	December 20, 1989 – January 21, 1990
Persian Gulf War	August 2, 1990 to the date of cessation of hostilities as determined by the Government of the United States		

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.