



APPLICATION



2010 POST 281 NURSING SCHOLARSHIP

Please type or print legibly. Provide all information requested.

1. Name _____
Last First Middle Initial

2. Date of birth _____ Social Security Number _____

3. Telephone number(s) _____

4. Permanent mailing address _____

5. Name and address of the nursing school, college or university you plan to attend

6. Do you plan to enroll in a degree or non-degree program? _____

7. What is the total estimated annual expense for the school chosen? _____

8. Scholastic or proficiency awards received _____

9. List activities in which you participated in secondary school (athletics, clubs, publications, etc.)
Others may be listed on a separate sheet.

School Activity	Dates	Officer/ Advisor	Awards
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. List activities in which you participated in the community. (Scouting, volunteer work, etc.)

Others may be listed on a separate sheet.

Kind of work	Agency	Supervisor/Advisor	Dates	Hours/wk
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. List jobs (including summer employment) you have held in the last three years.

Others may be listed on a separate sheet.

Employer	Supervisor	Dates	Hours/wk	Earnings (total)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. Occupation of father _____ Annual income _____

13. Occupation of mother _____ Annual income _____

14. Government compensation/pension received by parent(s) and/or children _____

15. Number of dependent children (including self) in your family _____

16. Are you eligible for or receiving either a federal annuity or Social Security benefits? Yes No

17. If the answer to No. 16 is yes, please provide the amount _____

18. Are you receiving any other financial aid, including private scholarships, college grants, loans and/or work study programs or any other federal, state or local financial assistance? Yes No

19. If the answer to No. 18 is yes, provide the source and amount. _____

20. Do you plan to work during the school year to help cover your expenses? Yes No

If yes, please indicate the number of hours per week and the anticipated weekly earnings.

Hours _____ Earnings _____

21. Is there a special hardship or other unusual circumstance, which would affect your ability to attend the school you have chosen? If so, please describe your situation on a separate page and attach it to this application.

Required Documents

1. An official transcript of your grades, including the first half of your senior year.
2. SAT or ACT scores.
3. Two letters of recommendation from high school teachers, principals or counselors.
4. A letter of recommendation from a citizen (other than a relative) attesting to your character, scholarship and need.

Applicant's Statement

I affirm that all information contained in this application is true and correct.

I understand and agree that any scholarship monies will be paid directly to the school which I will attend.

I authorize any source identified herein to release any information pertinent to this application to the Post 281 Scholarship Committee or its authorized representative. I further understand that all decisions of the Post 281 Scholarship Committee are not subject to appeal.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

This application and all relevant documentation **must** be mailed in one envelope to:

**Scholarship Committee
American Legion Post 281
P.O. Box 94
Glendora NJ 08029**

This application and accompanying documentation must be postmarked **no later than February 27, 2009.**