



AMERICAN LEGION AUXILIARY  
DAMASCUS UNIT 171  
P.O. Box 171  
Damascus, Maryland 20872

## PAST PRESIDENTS PARLEY MEDICAL SCHOLARSHIP INFORMATION AND RULES

### **A. ELIGIBILITY**

The applicant must be a United States citizen.

- The applicant must be a daughter, granddaughter, great granddaughter, step daughter, step granddaughter, step great granddaughter or an ex-servicewoman or active servicewoman who needs financial assistance in order to attend an accredited school for medical training. If no application from the aforementioned is acceptable, the scholarship may be awarded to the daughter, granddaughter, great granddaughter, step daughter, step granddaughter, step great granddaughter or an ex-serviceman or active serviceman who needs financial assistance in order to attend an accredited school for training.

### **B. APPLICATION**

Applicant must submit a completed medical scholarship application (attached).

- Applicant must provide three (3) references by adult persons (not related) who are knowledgeable of her school, community and home life; i.e., superintendent/ principal/ counselor; clergy; reputable businessman/woman.

Applicant must provide a transcript of grades, including SAT and other test scores, certified by school registrar.

Applicant must submit a written essay entitled "What a Medical Career Means to Me" (in 300 words or less).

### **C. SCHOLARSHIP**

One (1) scholarship of \$1,000 may be awarded annually. Once a scholarship is given it is not limited to one (1) year. However, an applicant must submit a new application each year with her current transcript of grades and be a full-time student at the college of her choice.

A check for the scholarship will be sent directly to the recipient's designated school when the unit treasurer receives a copy of enrollment verification from the registrar.

The scholarship recipient will be notified before the close of the school year. The chairman shall notify any applicant(s) not selected.

- Application and all required information must be submitted by March 31<sup>st</sup> of the current year 2019 to: Past Presidents Medical Scholarship Committee, Attention: Mrs. Cathy Magas, PO Box 171 Damascus
- All information will be considered confidential.

**PAST PRESIDENTS PARLEY MEDICAL SCHOLARSHIP APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

Medical Profession You Are Pursuing \_\_\_\_\_

Accredited School for Medical Training you will be attending:

School Name \_\_\_\_\_

School Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Eligible through which Veteran or Service Person listed below (please circle one).

Mother/Grandmother/Great Grandmother/Step Mother/Step Grandmother/Step Great  
Grandmother/Father/Grandfather/Great Grandfather/Step Father/Step Grandfather/Step Great Grandfather.

Service Record of Eligible Veteran or Service Person:

Name \_\_\_\_\_ Serial # \_\_\_\_\_

Branch of Service \_\_\_\_\_

Place and Date of Enlistment \_\_\_\_\_

Please attach a copy of DD214 or Active Military Card.

Brief statement of service \_\_\_\_\_

\_\_\_\_\_

Is there any service connected disability? \_\_\_\_\_

Is government compensation or pension received? \_\_\_\_\_

## PAST PRESIDENTS PARLEY MEDICAL SCHOLARSHIP

Number of dependent children in family \_\_\_\_\_

List name and age of each \_\_\_\_\_

Length of time you have resided in Maryland \_\_\_\_\_ (years) \_\_\_\_\_ (month) \_\_\_\_\_ (date)

High School you are currently attending

Name \_\_\_\_\_

Address \_\_\_\_\_

Graduation Date \_\_\_\_\_

List names and amounts of other scholarships for which you have applied.

_____	_____
_____	_____
_____	_____

### **PLEASE ATTACH THE FOLLOWING:**

- A. An essay (300 words or less) written by you entitled "WHAT A MEDICAL CAREER MEANS TO ME"
- B. Three (3) letters of reference from adult persons (**not related**) knowledgeable of your school, community, and home life: Examples such as: **1** - Superintendent/principal/counselor, **2** – clergy, **3** – reputable businessman/woman.
- C. Your current transcript of grades, including SAT and other test scores certified by school registrar.

Applicant's Signature \_\_\_\_\_

### **AFFIRMATION**

Parent/Guardian

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

School Counselor

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_