

AMERICAN LEGION AUXILIARY
PAST PRESIDENTS' PARLEY SCHOLARSHIP ASSISTANCE IN
HEALTH CARE OCCUPATIONS

The American Legion Auxiliary Department of Arizona will accept applications for assistance to students pursuing a career in Health Care Occupations. The applicant must be enrolled or enrolling in an accredited, tax-supported institution in Arizona which offers a certificate or degree program in Health Care Occupations. (i.e. Nurses Assistant, Dental Assistant, L.P.N., Lab Technician, Physical Therapist, Inhalation therapist; etc.) Applicant must be a U.S. Citizen and a resident of Arizona for at least one year. The immediate family member of a Veteran will be given first consideration. The amount of the scholarship is \$500.00.

Applications must be received by May 15th preceding the term to be commenced in the fall with final selection being made by the Past President' Parley Chairman and three (3) Past Department Presidents. Any scholarship assistance awarded to the applicant will be forwarded to the school accepting the student for courses in Health Care Occupations at the beginning of the Fall Term.

Selection for assistance will be made on the following basis:

Character	25%	Scholarship	25%
Financial Need	30%	Initiative	20%

Submit application with attachments in the following order:

1. Completed application.
2. Photograph of self.
3. Statement, in narrative form, not to exceed 500 words, giving family, school, church activities and reasons for choosing a career in Health Care Occupations.
4. Three (3) letters of reference from persons who can testify to character, study and work habits i.e. High School Principal, Instructors, Counselor, Clergyman, Employer.)
5. Transcripts of previous year's grades and test scores.

Assembly the preceding data in folder form with application on back of this page and send to:

Past Presidents' Parley Chairman
American Legion Auxiliary
4701 N. 19th Ave. Suite 100
Phoenix, AZ 85015-3727

AMERICAN LEGION AUXILIARY
PAST PRESIDENTSPARLEY SCHOLARSHIP
ASSISTANCE IN HELATH CARE OCCUPATIONS APPLICATION

Name of Applicant_____

Date of Birth_____ Social Security # _____

Address_____

City_____ State_____ Zip_____ Phone_____

Length of Residence in Arizona_____ Martial Status_____

IMMEDIATE FAMILY INCOME:_____

PERSONAL INCOME_____

Number of Siblings/Children in family under 18 years_____

Over 18 _____

Grade level of Siblings/Children_____

Is an immediate family member a veteran?_____ Living?_____

Relationship (self, father, grandfather, mother, brother, etc.)_____

Brief statement of service_____

Have you applied for other scholarships?_____

If so, give amount_____

Have you been awarded other scholarship?_____

If so, give amount_____

Date of graduation from high school or G.E.D. Course_____

School applicant wishes to attend_____

Health Care Occupation course chosen_____