



MARGUERITE MC'ALPIN MEMORIAL SCHOLARSHIP 2018
For Undergraduate or Graduate Study in the field of Nursing
Available For Washington State Residents Only

The American Legion Auxiliary, Department of Washington will award one (1) Nurses' Scholarship of \$1,000.00 for graduate or undergraduate study and/or training in the field of nursing.

QUALIFICATIONS

1. Candidates for this award must be a Washington resident.
2. Candidates for this award must be a child, grandchild or great-grandchild of a veteran or have served in the Armed Forces themselves.

APPLICATION PACKET REQUIREMENTS CHECKLIST

- 1. A completed application form for the Mc'Alpin Nursing Scholarship.
- 2. A typed list of church, school and community organizations to which the applicant belongs including any office held.
- 3. Three letters of recommendation are required:
 - a. One letter from the principal, guidance counselor or teacher of the school in which the student attends or from which the applicant has graduated.
 - b. Two letters from adults, other than relatives, attesting to the applicant's character.
 - c. If currently a Nursing student, one letter should be from a member of the teaching staff of the college or nursing school.
 - d. If currently a Nurse who is continuing study, one letter should be from a doctor or member of the supervisory staff where the applicant is (or last was) employed.
- 4. Submit an essay of 300 words or less on: **Your Desire To Study Nursing.**
- 5. Submit a certified transcript of your high school and/or college grades.
- 6. Submit a brief statement of the military service of the veteran through whom applicant is eligible: Include branch of service and dates of service or a photocopy of veteran's discharge papers.
- 7. Please explain on a separate paper if there are special financial hardships or needs that should be taken into consideration.
- 8. Submit a resume of applicant's training and experience in nursing (graduate study applicants only).

RULES

1. Applicants must present the completed application packet to their school counselor or their **local American Legion Auxiliary** Education Chairman prior to **March 1st, 2018.**
2. Judging at all levels shall be on the following basis: character, leadership, scholarship, basis of need, and essay.
3. The Scholarship must be used within twelve (12) months of the date that the winner receives notification from the Department Education Chairman or Department Secretary. Scholarship may be renewed for another year upon reapplication.
4. The Scholarship money must be requested from Department Headquarters with the **Scholarship Payment Form** that will be sent to the recipient.

American Legion Auxiliary, Department of Washington
Marguerite Mc'Alpin Memorial Scholarship Application

High School Seniors or Nursing Students may apply

Name: _____ Telephone # _____

Address: _____

Fill in service record of applicant, parent, grandparent or great-grandparent:

Name: _____

Dates of service: _____ Branch of Service: _____

(If single and/or currently a dependent of your parents, answer following questions)

Father's Occupation: _____ Annual Gross Income \$ _____
(Include income from VA benefits, Social Security, other government compensation and pensions)

Mother's Occupation: _____ Annual Gross Income \$ _____
(Include income from VA benefits, Social Security, other government compensation and pensions)

Names and ages of other children in parent's household: _____

Name and location of high school and date of graduation: _____

Name and location of college/nursing school attending: _____

(If married or living independently of parents, answer following questions)

Spouse's name: _____ Occupation: _____

Spouse's annual income \$ _____ Your Annual Income \$ _____
(Include income from VA benefits, Social Security, other government compensation and pensions)

Names and ages of children in household _____

Name and location of college/nursing school attending: _____

I hereby apply for the Marguerite Mc'Alpin Scholarship of \$1,000.00 dollar by the American Legion Auxiliary, Department of Washington, for the purpose of encouraging training and/or education in the field of nursing. I understand the money to be a gift if I persist in this training. However, I understand the money to be a loan, repayment to the American Legion Auxiliary, Department of Washington, at the end of three years if I discontinue training after one year.

Signature of Applicant: _____ Date: _____

NOTE: Please be sure to attach all required materials to this application and submit to your High School Counselor or local American Legion Auxiliary Unit Education Chairman prior to **March 1st, 2018.**

For local Unit information look in the telephone directory under American Legion or contact the American Legion Auxiliary Department Education Chairman Jan Doran Faulds: grooviejan@gmail.com