2025 NURSING GRANT APPLICATION

Sponsored by: American Legion Auxiliary Department of New Jersey Past Presidents' Parley

For those entering the field of nursing

RULES OF ELIGIBILITY

- Applicant must be:
 - A child, Grandchild or Great-Grandchild of a Veteran who served in the Armed Forces during the eligibility dates for membership in the American Legion.
 - A resident of the State of New Jersey for two years immediately prior to applying for the scholarship; and a member of the 2025 Graduating class of a senior high school in the State of New Jersey
 - Applicant must use the award the year it is issued. If the applicant selected for the awards fails to qualify for admission to the school of his or her choice by 9/1/2025, the award will be forfeited. Grant payment will be made upon confirmation of the candidate's enrollment by the school of his or her choice.
 - Scholarships shall be awarded on the following basis:
 - CHARACTER 15% High standards of conduct, keen sense of right, strength of character, adherence to truth and conscience and belief in God,
 - **AMERICANISM** 15% Fine ideals, love of country, ability to accept a few years hence, a citizen's responsibilities,
 - **LEADERSHIP** 15% Ability to lead and to accomplish through group action, personal magnetism, guidance and thought of others,
 - **GRANT** 40% Grant attainment, with grades of senior year and rating in class, evidence of industry, and application of studies,
 - BASIS OF NEED 15% Actual need of financial assistance to continue higher education. (Financial status of family or resources available <u>MUST</u> be stated.)
 - Complete application must be received by the Department Chairman no later than 4/1/2025.

ALL REQUIREMENTS MUST BE MET IN ORDER TO QUALIFY.

2025 NURSING GRANT APPLICATION

Sponsored by: American Legion Auxiliary Department of New Jersey Past Presidents' Parley

APPLICATION PACKET REQUIREMENTS

It is the applicant's responsibilities to make certain that the application form, copy of discharge papers (DD214), four letters of recommendation, record of grades, original article, and confirmation of financial need, are submitted in **ONE ENVELOPE**, and received by the Department Chairman listed below no later than **April 1, 2025**.

- 2023 Completed Application Form by Applicant.
- Photocopy of Parent's, Grandparent's or Great-grandparent's Honorable Discharge Papers.
 DD214.
- Certified transcript or photocopy of high school grades and class standings, including Senior year to date.
- An original article consisting of no more than 1,000 words (double spaced). The Title of the article/essay will be "How Pride for Our Country, Community, School and Family Directs My Daily Life".
- FOUR letters of recommendation are required:
 - ONE LETTER from either the Principal or Guidance Counselor of the school from which the applicant is graduating.
 - ONE LETTER from a Clergyman/Clergy-woman or spiritual leader of the applicant's choice.
 - TWO LETTERS from citizens, other than relatives, certifying to the applicant's Americanism, Character and Leadership qualities.
- A confidential confirmation of financial need from the parent or guardian, including annual income and expenses and/or resources available to the applicant.

 The person writing a letter must indicate his/her position in relation to the applicant.
- A brief letter from the applicant stating the reason for his/her choice of vocation.
- Recipient receiving award will need to show acceptance letter from the school of higher learning, (monies will be distributed to school of higher learning, not directly to recipient).

NOTE: School records and any items of a confidential nature may be sealed if necessary.

DEADLINE: Completed Application Packet **MUST** be received by the PPP Department Chairman no later than **April 1, 2025**.

Mail to: Colleen Breen-Lopez
46 Grove Street
Singac,NJ 07424-1123

2025 NURSING GRANT APPLICATION

Sponsored by: American Legion Auxiliary Department of New Jersey Past Presidents' Parley

For those entering the field of nursing or related vocation

Name of Applicant	Name of ApplicantPhone No			
• Address Street	City	Country	State	Zir
		Country	State	21
Date of Birth				
• Email:				
 How long have you been a 	ı resident of New Jer	rsey?	***************************************	
Name of Veteran through	whom eligible			
Branch of U.S. armed Force	ces Veteran served in	n		
Number of dependent child	dren in family: Und	er 18 years	Over 18 year	ars
Occupation of Father (Step	ofather)	Annual Income		
• Occupation of Mother (Ste	pmother)	Annu	al Income	
Total monthly government Total monthly government Total monthly government Total monthly government	nthly compensation	or pension for ap	nd/or children: plicant if motl	ner has
Are you eligible for benefit Are you eligible for or draw	ts under the Jr. G.I. I wing Social Security	Bill? Yes payments? Yes	No	
Expected date of graduation				
Name of high school. Name and location of Colle	ege or University yo	u desire to attend	:	
Degree or career field you p	plan to pursue			
Estimated total annual expe	ense for school			
-4 £ A 124		Data		
ature of Applicant		Date		