DATE: AUGUST 27, 2007

TO: MINNESOTA NURSING PROGRAMS

RE: LADIES AUXILIARY VFW NURSING SCHOLARSHIP

Please find enclosed the current information for our Marcella Arnold Nursing Scholarship. The brochure explains the program designed to provide financial aid to eligible students. All forms may be duplicated as needed.

The application and financial statement is self explanatory and must be completed in full. Remind them that an official transcript is necessary as well as a letter of recommendation as describe in the Instructions sheet.

This will replace any previous applications, which you may have on hand. Thank you for assisting the students with this material. If you have any questions please do not hesitate to contact this office.

Ladies Auxiliary VFW
Department of Minnesota
651-291-1759
MARCELLA ARNOLD NURSING SCHOLARSHIP

This Scholarship is designed to provide financial aid to eligible nursing students in their final year of Nursing.

The primary purpose of this Scholarship is to honor Marcella Arnold who was a loyal and dedicated volunteer VAVS Representative at the Minneapolis Veterans Administration Medical Center for over 28 years. Mrs. Arnold passed away August 8, 1980. At the 1981 Department Convention, a resolution was passed to establish a “Nursing Scholarship” in her name.

ELIGIBILITY

1. The applicant must be a full time Nursing Student in an Associate Degree or Baccalaureate Degree School of Nursing, or prior to the start of an LPN program. The Scholarship is designed to help fund the final year.

2. Applicants must be eligible to join the Veterans of Foreign Wars or Ladies Auxiliary, or be a child or grandchild of a Veterans of Foreign Wars or Ladies Auxiliary member.

3. Applicants must be a residents of the State of Minnesota. Non-residents of Minnesota must be a member of the Minnesota Veterans of Foreign Wars or Ladies Auxiliary attending a Nursing School in Minnesota.

USE OF SCHOLARSHIP

Scholarship funds will be used for the expenses of tuition, books, laboratory and similar fees. The Ladies Auxiliary Veterans of Foreign Wars to the Department of Minnesota will pay these expenses directly to the school.
Any unused portion of the award money is to be returned to the Ladies Auxiliary to the Veterans of Foreign Wars, Department of Minnesota. The Scholarship Committee will decide exceptions to this rule.

APPLICATIONS

1. Applications may be obtained from the Ladies Auxiliary to the Veterans of Foreign Wars, Department of Minnesota, State Veterans Building, 20 W 12th St. 3rd floor St Paul MN 55155. Applications are also sent to each Auxiliary with the General Orders.

3. All questions must be answered completely. Submit the application to the Department Chairman at the address listed on the form by April 1 of the qualifying year.

RULES

1. The candidate must be a veteran or a person eligible to join the Veterans of Foreign Wars or Ladies Auxiliary member.

2. The final decision will be made by the Department President, Department Scholarship Chairman, and the Scholarship Committee. The Committee will determine Eligibility and make the decision based on established criteria.

4. The Scholarship recipients will be notified by personal contact or by mail. Those who do not receive an award will also be notified.

5. The name of the Scholarship recipients will be announced at the Department Convention and published in the Gopher Oversea'r.
APPLICATION

MARCELLA ARNOLD NURSING SCHOLARSHIP

(Please print or type)

Name________________________ Date of Birth________________________

Street________________________

City________________________ State________ Zip________________________

Telephone Number (___) __________ Marital Status________________________

Which Scholarship are you applying for? RN____________ LPN____________

Date you begin your final year? __________________________

Date of Graduation from your School? __________________________

What date should money be sent to the school? __________________________

Name and Address of School __________________________

Eligibility requirements are explained in the information brochure.

Are you a Veteran? __________________________

Are you eligible to be a member of the VFW or VFW ladies Auxiliary? __________________________

If you are a member give the Post/ Auxiliary # ________ Card # ________ City______

Name a person and relationship under edibility you are applying. If a member, name and number of Post or Auxiliary they belong to: __________________________

If they are not a member, or are deceased, please fill in the information requested below.

Who served with: Give the Branch of Service, Company and Regiment, Ship, or Station Country or Ocean (War Theater) where Foreign Service was rendered: __________________________

________________________________________ Serial Number __________________________

Foreign Service was from (Date) __________________________ To (Date) __________________________

Name of Campaign Ribbon or Medal __________________________
APPLICANT INSTRUCTIONS:

1. Please type or print all information

2. Application and financial statement must be mailed together by April 1, 2008 deadline date.

3. Include an official transcript from your school with this application or have it sent separately.

4. Include a letter of recommendation from the Academic Advisor or Nursing Instructor or have it sent separately.

5. Students must apply in the spring of their final year of a LPN or RN Nursing Program.

6. Your application must indicate if transcript or letter of recommendation is under separate cover.

7. All documentation must be received by the Department Auxiliary VFW Chairman by April 1, 2008 deadline in order to qualify eligibility.

POINT CRITERIA FOR JUDGING

1. Financial need 0-40
2. Nursing Goals 0-25
3. Interest in Work with Veterans 0-20
4. Extenuating Circumstances 0-15

DEADLINE IS APRIL 1, 2008

SEND TO: NANCY KAENEL, CHAIRMAN
2004 25TH ST SW
WILLMAR MN 56201-4901
320-222-0384
FINANCIAL STATEMENT

INCOME:

A) Your current monthly income (include spouse if married). GROSS: $________

B) If student living at home – estimate annual income of parents. GROSS: $________

C) Indicate the amount of support for your school expenses:

1. Loans (specify) __________________________ $________ Per Semester

2. Grants/scholarships (specify) _____________ $________ Per Semester

3. Other Support (specify) __________________ $________ Per Semester
   (Parents, Personal Savings, Etc.)

   Total "C" $________ Per Semester

EXPENSES:

A) School Expenses:

1) Tuition $_________ Per Semester

2) Books/Supplies $_________ Per Semester

   Total "A"... $_________ Per Semester

B) Living Expenses:

1. Housing $_________ Per Month

2. Utilities $_________ Per Month

3. Food $_________ Per Month

4. Car Expense $_________ Per Month

5. Child Care $_________ Per Month

6. Insurance $_________ Per Month

   Total “B”... $_________ Per Month

   Total “C”... $________

PERSONAL STATEMENT: (You may use a separate sheet for each question and attach)

A. Please explain how the Scholarship will make a difference for you, be specific.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________