

AMERICAN LEGION AUXILIARY

DOROTHY ALDEN MEMORIAL NURSING SCHOLARSHIP FORM

Name of Applicant _____

Permanent Address _____

Resident of Wyoming Yes/No

College or University Address _____

City _____ State _____ Zip Code _____

Field of Study _____

Proposed date of graduation from College or University _____

Are you a descendant of a veteran (not mandatory): Yes/No

If so, relationship _____

Are you a Wyoming American Legion Family member? (not mandatory) Yes/No

Which organization: The American Legion, American Legion Auxiliary or
Sons of the American Legion

Please attach a copy of your card to this application

References:

1. Name: _____

Address: _____

Phone Number: _____

2. Name: _____

Address: _____

Phone Number: _____

3. Name: _____

Address: _____

Phone Number: _____

Signature of Applicant: _____

Date _____

Phone number _____

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DOROTHY ALDEN MEMORIAL NURSING SCHOLARSHIP CRITERIA

1. To be awarded to a student or students pursuing studies in the field of Health Care including, but not limited to, nurses, physicians (optometry and pharmacological included), occupational therapist, physical therapist, respiratory therapist, and speech therapist. (Cosmetology not included.)
2. Applicant must be attending an accredited college and be a **Full-Time** student.
3. Applicant must have already completed two semesters or one year of study.
4. Applicant must have a cumulative grade point average of at least 3.0 and a transcript of grades must accompany application.
5. Applicant preferably should be a descendant of a veteran OR a member of the Wyoming American Legion Family (Post, Sons or Auxiliary). Not mandatory.
6. Selection will be made based on course of study (must be related to the field of Health Care), scholastic ability, financial need, and the desire to practice health care in Wyoming.
7. A letter of financial need must accompany application.
8. Three letters of reference should accompany application.
9. Applications for scholarships should be sent to the American Legion Auxiliary Department Education Chairman, PO Box 186, Buffalo, WY 82834 to be received no later than May 1 of the current year.

Please attach: 1 Letter of Financial need.
2 Transcript of grades
3 Letters of reference (3)

SUBMIT BY: May 1