AMERICAN LEGION AUXILIARY, DEPARTMENT OF KANSAS L.P.N. SCHOLARSHIP APPLICATION

YOU MUST FOLLOW ALL INSTRUCTIONS TO THE LETTER TO BE CONSIDERED FOR THIS SCHOLARSHIP. THE SCHOLARSHIP APPLICATION IS DUE NO LATER THAN APRIL 20 TO THE PAST PRESIDENTS PARLEY COMMITTEE CHAIRPERSON.

(First) (Middle) (Last)				
Address: (Street) (City) (State)	(Zip)			
Date of Birth:	Telephone	Number:		
Marital Status: Single	Married	Divorced	Separated	
Name of veteran that applicate Relationship to this veteran:	ant is eligible from			
List all dependents for the	applicant:			
Name	Age	Re	Relationship	
Parents or Guardian's Name (Street) (City) (State) (Zip) Parents or Guardian's Telep	:			
List all dependents of pare Name	Age			
List names and addresses	of three (3) persons in	your community wh	ho know you:	
Name	Address	Address		

EDUCATION INFORMATION

Name of High School:			
Address of High School:(Street) (City) (State) (Zip)			
Degree achieved:	Date of graduatio	on:	
Name of College: (Street) (City) (State) (Zip)			
Address of College			
Degree achieved:			
Date of graduation:			
Name of College:(Street) (City) (State) (Zip)			
Address of College:			
Degree achieved:			
Date of graduation:			
Which L.P.N. school do you p	lan to attend?		
Have you applied to attend this Have you been accepted to atte	s School? Yesend this school? Yes	No	
FINANCIAL INFORMATION	ON		
Annual income of applicant: \$	Parents/Gu	ardian's annual income: \$	
Explain why you are in need o	f, and are requesting financia	l assistance:	
	(Please attach additional pages, if necessary)		
(Print full name)	(Signature of applicant)	(Date)	

APPLICATION AND ATTACHMENTS ARE DUE BACK TO THE PAST PRESIDENTS PARLEY COMMITTEE NO LATER THAN APRIL 20.

YOU WILL FIND THIS CHAIRPERSON'S CONTACT INFORMATION ON THE AMERICAN LEGION AUXILIARY

DEPARTMENT OF KANSAS WEBSITE:www.kansasala.org