

George F. Axt Memorial Fund

of the

BERGEN COUNTY AMERICAN LEGION AND AMERICAN LEGION AUXILIARY



**** NURSING **SCHOLARSHIP **BULLETIN****

The George F. Axt Memorial Committee will again award NURSING SCHOLARSHIPS to students entering accredited nursing schools or colleges in September of the current year.

RULES OF PROCEDURE

- 1. Applicant (male or female) must be a resident of Bergen County, in good health, a senior in high school, or a graduate with satisfactory scholastic record and an aptitude for Nursing. Applications in special courses for advancement in nursing will also be considered.**
- 2. Applicants are not required to be members of a veteran's family, the American or the American Legion Auxiliary.**
- 3. Application for the Memorial Fund Scholarship may be obtained from your guidance counselor, local American Legion Post, or by writing the Chairman listed below.**
- 4. Acceptance by the nursing school or college should be secured and noted on the application form. Also note status of hospital application, if it has been made.**

CLOSING DATE FOR FILING OF SCHOLARSHIP APPLICATION FORM IS

May 31, 2018

MAIL COMPLETED FORM TO:

**Linda Carroll
234 Forest Ave
Lyndhurst, NJ 07071**

or

**Michael Carroll
234 Forest Ave
Lyndhurst, NJ 07071**

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APPLICATION FOR NURSES SCHOLARSHIP ASSISTANCE

Please answer all questions

Home telephone _____

1. Name of applicant _____ Age _____
2. Address _____ City _____ State _____ Zip _____
3. Name of High School/graduate school _____
4. Approximate date of graduation _____
5. Father/husband's name _____
6. Father/husband's occupation _____
7. Approximate annual income _____
8. Mother/wife's name _____
9. Mother/wife's occupation _____
10. Approximate annual income _____
11. List of other family members living at home
A. Name _____ Age _____ Approx. Annual Income _____
(List additional members on separate sheet)
12. Does family own or rent home _____ Monthly payment _____
13. Explain any unusual family expense for medical care, tuition, etc. _____

(List additional expenses on separate sheet)
14. What is your class standing? _____
15. Please enclose a copy of your transcript _____
16. List any hospital experience (Candy Striper, Nurse's Aide, Etc.) _____

17. Itemize expected expenses for Nurses Training

Tuition, board _____
Books, equipment _____
Uniform, clothing _____
Misc. expenses _____

Total _____

18. Sources of financial support

Parents/spouse _____
Student's assets _____
Other sources _____

Total _____

19. Name of nursing school/college to which you have applied for _____

20. Address of school _____

City _____ State _____ Zip _____

21. Date of acceptance _____

22. Present status of application _____

23. On a separate sheet list extracurricular activities.

24. On a separate sheet in your own words, explain briefly why you are entering the field of nursing or specializing in nursing.

25. On a separate sheet, explain your need for this scholarship assistance.

To the best of my knowledge all the information I have supplied is truthful and up to date. Any false information or statements will result in the termination of this application and the repayment of any and all payments that have been made.

Signature of Applicant

Date submitted