The American Legion

Department of North Carolina

COLON FURR MEMORIAL NURSING SCHOLARSHIP
$1,000

APPLICATION INSTRUCTIONS

Any permanent legal resident who resides in North Carolina and has been accepted to or is enrolled in a 1 year Licensed Practical Nurse program or who is enrolled in a 2, 3 or 4 year program that leads to certification as a Registered Nurse is eligible for this scholarship.. The school must be in North Carolina. Scholarship applications may be obtained from any American Legion Post in North Carolina, or by writing Department Headquarters at:

The American Legion
Department of North Carolina
PO Box 26657
Raleigh, NC 27611

Legion posts may endorse ONLY 1 applicant per year. Applications without the endorsement of an American Legion Post in North Carolina will not be considered! The application must be signed by the post commander or post adjutant. It is recommended that a post representative interview the applicant before forwarding the application to department headquarters.

Applications may be typewritten or handwritten. (Please do not place in any notebook, and do not use page protectors.)

Transcripts of school grades are required. G.P.A. requested on application must be current, or last year in school. If the applicant has not yet received any end-of-term grades in the nursing curriculum a letter of acceptance from the educational institution must be submitted. The letter must state that the student has been accepted into an LPN or RN curriculum. If the applicant has not yet received any end-of-term grades in the nursing curriculum a high school transcript must be submitted.

Endorsements from Teachers, Career Counselors, or Guidance Counselors are required along with the application and are used to help select winners. Limit three (3).

Additional letters or endorsements (non-school related) are encouraged. Limit five (5).

The selection process will occur at the Fall Conference in October. All nominees will be contacted by mail, by the department headquarters staff with the results of the selection process. Contact will be made by the end of November. Scholarship winners will be provided with a form to fill out designating the address at the college to which their check is to be mailed. The scholarship check will be made payable to the school.

Applications must be received at Department Headquarters **on or before September 25.**

NOTE: Application Form on Back of Instructions.

COLON FURR NURSING SCHOLARSHIP COMMITTEE STANDING POLICIES
(adopted at Department Convention, June 11-14, 1998)
(amended at Department Mid-Winter Conference, February 23, 2007)
DUTIES NOW ASSIGNED TO LEGION RIDERS COMMITTEE
(by Resolution FY14-4-FC, adopted October 26, 2014)

1. Scholarship will be available to any person who resides in NC and has been accepted to or is enrolled in a 1 year Licensed Practical Nurse program or is enrolled in a 2, 3, or 4 year program that leads to certification as a Registered Nurse. The school must be in NC.
2. The scholarship **check will be made out to the COLLEGE** the student is attending with the note that the money is to pay for the student's tuition and books. The check will be delivered directly to the school.
3. A post representative will be allowed 2 minutes to speak on each student nominated by that post. After all representatives have been allowed to speak, the committee will go into EXECUTIVE SESSION for the selection of the scholarship winners. This is appropriate to prevent premature disclosure of a scholarship, prize or other award.
4. Each post shall be allowed to endorse a maximum of 1 applicant.

COLON FURR MEMORIAL SCHOLARSHIP APPLICATION

Name _____ Social Security No. (last 4 digits)_____

Mailing Address_____

Address (City, State, Zip)_____

Phone _____ Date of Birth _____ G.P.A._____

High School _____ Phone _____

Address _____

College _____ Email _____

Address_____

_____

Are you a former recipient?_____ If so, when?_____

Please list parents, step-parents, grandparents, step-grandparents, spouse and self who are veterans **or** who are a member of The American Legion, Sons of The American Legion, or The American Legion Auxiliary. Check all appropriate blocks for each family member.

Name	Relationship	Veteran	Am. Leg. member	SAL member	Auxiliary member
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

Why are you pursuing a Nursing career?

_____
_____
_____
_____
_____

How would this Scholarship help you?

_____
_____
_____
_____
_____

Why Do you think you should receive this Scholarship?

_____
_____
_____
_____
_____

NOTE: Instructions are on back of this form. Use additional paper as necessary to complete application.

_____

The above named applicant is approved by Post #_____, (city)_____, as qualified for nomination for the Colon Furr Memorial Nursing Scholarship.

Date:_____ Signature of Post Commander _____

or Post Adjutant _____

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