AMERICAN LEGION AUXILIARY DEPARTMENT OF ILLINOIS

APPLICATION FOR EDNA MAE UNFER NURSES SCHOLARSHIP (OFFERED THROUGH THE PAST PRESIDENTS PARLEY PROGRAM for students over age 30)

This application and all supporting documentation must be submitted to the <u>sponsoring</u> <u>American Legion Auxiliary Unit</u> no later than APRIL 10, 2026.

The sponsoring Unit must send the completed application with required documentation and signatures to the Department Past Presidents Parley Chairman, Arlene Holtgrave, 7815 Cemetery Rd, Breese, IL 62230 BY MAY 1, 2026.

1.	Name of Applicant	Date of birth		
	Address			
2.	2. Name and address of parent(s)/guardian(s) or spouse			
3.	Please provide a list of ways you volunteer in your community			
4.	Name and address of most recently attended school Name and address of hospital/school you plan to attend			
5.				
	Tuition cost per year \$	g in addition to this scholarship		
7.		any other scholarship? Yes No		
8.				
O'	/ER			

NOTE: Please be sure to attach all items required as described by #5 of the applicant rules.

a. Essay stating your reasons for choosing a nursing career

b. Three letters of re or clergy	b. Three letters of recommendation-Sponsoring Unit President, School, Adult citizen or clergy				
c. Federal Tax Return	c. Federal Tax Return(s) d. Grade Transcript				
d. Grade Transcript					
e. Name and addres	e. Name and address of hospital/school you plan to attend or are currently attending				
Signature of Applicant					
	Telephone Number				
	Email:				
	Date				
Submitted by:					
Unit Name and Number District					
Signature of Unit President					
Unit President's name (type or print)					
Unit President's address					
Unit President's telephone number					
Attested by:					
Signature of Unit Secretary or Unit Past Presidents Parley Chairman					
AMOUNT CONTRIBUTED TO	THE PAST PRESIDENTS PA	RLEY FUND BY APRIL 10, 2026 \$			
Were your Parley Dues paid	by April 10, 2026? Yes N	lo			
Verification of contribution					
Signature of Unit Treasurer					