MARCELLA ARNOLD
NURSING SCHOLARSHIP

SPONSORED BY:

LADIES AUXILIARY VFW
DEPARTMENT OF MINNESOTA

DEPARTMENT PRESIDENT
DEBBIE TWEET
2011-2012

"RENEWING OUR SPIRIT TO SERVE"
MARCELLA ARNOLD NURSING SCHOLARSHIP

This Scholarship is designed to provide financial aid to eligible nursing students in their final year of Nursing School.

The primary purpose of this Scholarship is to honor Marcella Arnold who was a loyal and dedicated volunteer VAVS Representative at the Minneapolis Veterans Administrative Medical Center for over 28 years. Mrs. Arnold passed away August 8, 1980. At the 1981 Department of Minnesota Convention, a resolution was passed to establish a "Nursing Scholarship" in her name.

ELIGIBILITY

1. The applicant must be a full time Nursing Student in an Associate Degree or Baccalaureate Degree School of Nursing, or prior to the start of an LPN program. The Scholarship is designed to help fund the final year.

2. Applicant must be eligible to join the Veterans of Foreign Wars or Ladies Auxiliary, or be a child or grandchild of a member of the Veterans of Foreign Wars or Ladies Auxiliary.

3. Applicants must be a resident of the State of Minnesota, or a non-resident of Minnesota with an membership in the Minnesota Veterans of Foreign Wars or Ladies Auxiliary attending a Nursing School in Minnesota.

USE OF SCHOLARSHIP

Scholarship fund provided by the Ladies Auxiliary to the Veterans of Foreign Wars, Department of Minnesota will cover these expenses: tuition, books, laboratory and similar fees. Any unused portion of the award is to be returned to the Ladies Auxiliary to the Veterans of Foreign Wars, Department of Minnesota. The Scholarship Committee will decide exceptions to this rule.

RULES

1. Deadline: April 1

2. Signed application, proof of eligibility, and other information must be sent together to the Ladies Auxiliary VFW, Department of Minnesota, Veterans Service Bldg., 20 West 12th Street, Floor 3, St. Paul, MN 55155-2002.
Please print or type

Name ___________________________ Date of Birth ___________________

First Middle Last

Street ____________________________________________________________

City __________________________ State ____________ Zip ______________

Telephone Number (__) ___________________________ Marital Status ___________________

Which Scholarship are you applying for?  RN ___________________ LPN ___________________

Date you begin your final year ___________________ Date of Graduation ___________________

Date money should be sent to the School __________________________

If you are selected for a scholarship, the funds will be sent directly to your school. Please provide the following information:

Name and Department of School ______________________________________

Street ____________________________________________________________

City __________________________ State ____________ Zip ______________

Point of contact at school (advisor, financial aid officer, etc.) __________________________

Eligibility requirements are explained in the information brochure.

Are you a Veteran? ____________

Are you eligible to be a member of the VFW or VFW Ladies Auxiliary? ____________

If you are a member, list Post/Auxiliary # _______ City ___________________________ ID Card # ____________

Name a person and relationship under eligibility you are applying. If a member, name and number of Post or Auxiliary they belong to: __________________________

If they are not a member, or are deceased, please fill in the information requested below.

Who served with: Give the Branch of Service, Company and Regiment, Ship, or Station Country or Ocean (War Theater) where Foreign Service was rendered:

________________________________________

Foreign Service was from (Date) ___________ To (Date) ___________

Name of Campaign Ribbon or Medal ____________________________________________

Signature of Applicant ___________________________ Date __________________________

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MARCELLA ARNOLD NURSING SCHOLARSHIP
FINANCIAL STATEMENT

INCOME:
A) Your current monthly income (include spouse if married). GROSS: $________
B) If student living at home, estimate annual income of parents. GROSS: $________
C) Indicate the amount of support for your school expenses:
   1. Loans (specify) __________________________ $________ per Semester
   2. Grants/Scholarships (specify) ______________ $________ per Semester
   3. Other Support (specify) ______________________ $________ per Semester

   Total “C” $ ________________ per Semester

EXPENSES:
A) School Expenses:
   1. Tuition $________ per Semester
   2. Books/Supplies $________ per Semester
      Total “A” $________ per Semester

   C) Please list any other monthly financial obligations which you feel are significant.

B) Living Expenses:
   1. Housing $________ per Month
   2. Utilities $________ per Month
   3. Food $________ per Month
   4. Car Expense $________ per Month
   5. Child Care $________ per Month
   6. Insurance $________ per Month
      Total “B” $________ per Month

      $________

PERSONAL STATEMENT: (You may use a separate sheet for each question and attach)

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