MARCELLA ARNOLD NURSING SCHOLARSHIP

This Scholarship is sponsored by the Department of MN VFW Auxiliaries. It 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 Administration 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 or Bachelor Degree School of Nursing, or prior to the start of a LPN program. **The Scholarship is designed to help fund the final year.**

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

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

4. A Reservist can be eligible IF they have been awarded a campaign or service ribbon which establishes eligibility for the VFW, or eligible under number 2.

USE OF SCHOLARSHIP

Scholarship funds provided by the VFW Auxiliary, Department of Minnesota will cover expenses of: tuition, books, laboratory and similar fees and include on-line courses.

RULES

1. Deadlines: October 1, 2017 and April 1, 2018

2. Signed application, financial statement and personal statement must be sent together to:
   VFW Auxiliary Department of Minnesota
   Veterans Service Building
   20 West 12th Street, Floor 3
   St. Paul, MN 55155-2002

Revised 8/17
MARCELLA ARNOLD NURSING SCHOLARSHIP APPLICATION

Please print or type

Name

__________________________  ______________________  ______________________
First                        Middle                        Last

Street

City ______________________ State ______________________ Zip ____________

Telephone No. (____) __________________________ Email Address: __________________________

Date of Birth ______________________ 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 the Financial Aid Office at the school of
your choice. Please provide the following information:

Name and Department of School ____________________________

__________________________  ______________________  ______________________
Street                        City                        State                        Zip

Name and Telephone Number for Point of Contact at school (advisor, financial aid officer, etc.)

Name ______________________ Telephone Number ____________

Are you a Veteran? __________ Are you a VFW or Auxiliary member? ______

VFW Post or Auxiliary Number ________ VFW or Auxiliary Membership Card # ________________

Not a Member? Provide your eligibility with the requested information below or family member (alive or
deceased) and their eligibility (military service and/or VFW or Auxiliary information)

Applicant or Family Member (circle one)

__________________________  ______________________  ______________________
Country                        Foreign Service Dates __________ to __________

(Branch)

Name of Campaign Ribbon or Medal __________________________

Family Member Name ______________________ Relationship ________

VFW Post or Auxiliary Number ________ VFW or Auxiliary Membership Card # ________________
INCOME:
A) Your current monthly income (include spouse, if married) GROSS: $__________
B) Indicate the amount of support for your school expenses:
   1. Loans (specify) _____________________________ $__________/Semester
   2. Grants/Scholarships (specify) _____________________________ $__________/Semester
   3. Other Support (specify) _____________________________ $__________/Semester
      Total Lines 1-3 $__________/Semester

EXPENSES:
A) School Expenses:
   1. Tuition $__________/semester
   2. Books/Supplies $__________/semester
   3. Laboratory Fees $__________/semester
      Total "A" $__________/semester

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

B) Living Expenses:
   1. Housing $__________/semester
   2. Utilities $__________/semester
   3. Food $__________/semester
   4. Car Expense $__________/semester
   5. Child Care $__________/semester
   6. Insurance $__________/semester
      Total "B" $__________/semester

   $__________

PERSONAL STATEMENT: On a separate piece of paper answer the following questions:
1. Explain how this Scholarship will make a difference for you. Be specific
   ______
2. If you are a recipient of this scholarship and a position is available, would you be willing to work at a Veterans Administration Medical Center or Veterans Home for one year? ______ Yes ______ No
   ______

Signature of Applicant _____________________________ Date _______________