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. Deadline: April 1, 2017

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

Revised 9-2016
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/Auxiliary member? _________

VFW/Auxiliary Number _________ ID Membership Card # ____________________________

Not a Member: Provide your eligibility with the requested information below or family member (alive or deceased) and their eligibility (service or VFW/Aux information) -

Applicant or Family Member (circle one)

________________________ Country __________________ Foreign Service Dates __________ to __________

(Branch)

Name of Campaign Ribbon or Medal _________________________________________________

Family Member Name __________________________ Relationship _________________________

VFW/Auxiliary Number _________ Member Card # ____________________________
MARCELLA ARNOLD NURSING SCHOLARSHIP
FINANCIAL STATEMENT

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

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

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

________________________  $_______

________________________  $_______

________________________  $_______

________________________  $_______

________________________  $_______

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.

Signature of Applicant ____________________________  Date ____________________