



Veterans of Foreign Wars Auxiliary
Department of Minnesota

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



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 # _____



**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:

- | | |
|--|--|
| <p>A) <u>School Expenses:</u></p> <ol style="list-style-type: none"> 1. Tuition \$ _____/semester 2. Books/Supplies \$ _____/semester 3. Laboratory Fees \$ _____/semester Total "A" \$ _____/semester <p>B) <u>Living Expenses:</u></p> <ol style="list-style-type: none"> 1. Housing \$ _____/semester 2. Utilities \$ _____/semester 3. Food \$ _____/semester 4. Car Expense \$ _____/semester 5. Child Care \$ _____/semester 6. Insurance \$ _____/semester Total "B" \$ _____/semester | <p>C) <u>Please list any other monthly financial obligations which you feel are significant.</u></p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> |
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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 _____