



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, 2018 and April 1, 2019
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 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:

C) Please list any other monthly financial

A) School Expenses:

1. Tuition \$_____/semester

2. Books/Supplies \$_____/semester

3. Laboratory Fees \$_____/semester

Total "A" \$_____/semester

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 _____