



## Veterans of Foreign Wars Auxiliary Department of Minnesota

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### 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, a member of a Minnesota Auxiliary or a non-resident of Minnesota with a membership in the Minnesota Veterans of Foreign Wars or Auxiliary, attending any accredited Nursing School.
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, 3rd Floor  
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:**

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 \_\_\_\_\_