

APPLICATION FOR THE
WILLIAM F. KINKELLA MEMORIAL
NURSES SCHOLARSHIP
Sponsored by the Past Presidents' Parley
American Legion Auxiliary - District 22

1. Name _____ Social Security # _____
• Address _____
_____ Phone _____
2. Eligibility (Check One) Veteran ___ Spouse ___ Widow/Widower ___
Child ___ Grandchild ___ Great Grandchild ___ : of _____
_____ who served in the _____ Serial # _____
Who entered service on _____ and was honorably discharged on
_____. If deceased, state date _____ and place of
death _____.
3. Date of birth _____
4. I have resided in California for _____ years.
5. Names of parents/spouse _____
Address _____
Dependent Children and ages _____
6. Grade in school at time of application _____. Give exact date you
plan to enter Nursing School, Date _____ Name of School,

Attach letter of acceptance from Nursing School or explain why
letter is not available at this time. _____

7. Are you receiving Financial aid from VA _____ Social Security _____
State Aid Education _____ Any other _____
8. Have you made application for Financial Aid to any other Facility?
Yes ___ No ___ Specify source if yes _____
9. Estimate annual expense: Tuition fee _____ Uniforms _____
Room and Board _____ Books _____ Incidentals _____
Total Expenses _____

10. How do you plan to meet other expenses? _____
11. Total monthly income of family/self _____
 Other sources _____
12. Applicants for scholarship should submit the following:
1. Letter of acceptance from Nursing school.
 2. Transcript of grades from last school attended.
 3. 2 letters of reference - stating character & aptitude.
 4. Letter from applicant stating: a. Financial need and b. Describing goals in nursing.
 5. Letter signed by parent, guardian or applicant (if not a minor) describing financial circumstances of family, to set forth need for assistance.
13. All applicants please answer all questions on this form.
14. I PLEDGE that I shall apply myself to completing this course to which this scholarship is directed. It is understood that this scholarship can be used only at an accredited Professional Nursing School in California and disbursed according to their policies.

 Signature of Applicant Date _____

 Signature of Parent or Guardian Date _____

Sponsored by La Mesa Unit 282
 Unit Name and Number

Patricia Acheson
 Signature of Unit PPP Chairman Date _____

Address C Belvid Phone _____

 Signature of Unit President Date _____

DEADLINE DATE TO UNIT PARLEY CHAIRMAN: MAY 1st
 DEADLINE DATE TO DISTRICT PARLEY CHAIRMAN: MAY 15th
 NOTE: All information given in this application shall be confidential.

MAIL TO:
 Patricia Acheson
 796 Paulsen Ave
 El Cajon, CA, 92020
 (619) 444-8895