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. 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.

3. 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

Revised 8/18
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)

___________ (Branch) Country ___________ Foreign Service Dates ___________ to ___________

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

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? Yes No

Signature of Applicant ___________________________ Date ___________