

**THE AMERICAN LEGION DEPARTMENT OF MISSOURI
SCHOLARSHIP AWARD APPLICATION**

M.D. "Jack" Murphy Memorial Nurses Training Scholarship

(Must be typewritten or printed legibly)

Full name of applicant _____

Complete Address _____

Phone # Home () _____

Work () _____

Date and Place of Birth _____

Graduation Date _____

SAT/ACT Score _____

* Full name of (veteran) and your relationship i.e.; parent, grandparent or great grandparent

*Name _____

*Relationship _____

Family combined gross annual income _____

Number of children under 18 in the family _____

Name and complete address of High School _____

Applicant's signature certifies that he / she understands scholarship eligibility requirements and will adhere to its conditions.

Applicant's signature certifies that he / she is not related to any member of the reviewing Education and Scholarship Committee; A.J. Noonan, Mark Reed, Roger Gansmann, Rose Noonan, Robert "Bob" Maddox, or Thomas Tanner.

Applicant's signature grants The American Legion Department of Missouri the right to use applicant's name and / or likeness to publicize the Scholarship Program.

_____ Date _____

Applicant's signature

This application for scholarship aid is being submitted with my knowledge and approval.

_____ Date _____

Signature of Parent / Guardian

All inquiries should be directed to: Mr. A. J. Noonan, Chair (573) 872-9068 or ajnoonan2004@yahoo.com

Letter will notify recipients after July 1, 2027.

Completed application should be mailed no later than April 20, 2027 to:

The American Legion Department of Missouri, Inc.

Attn: Education and Scholarship Committee

P.O. Box 179

Jefferson City MO 65102-0179

Please read carefully and follow all eligibility requirements on reverse.

M. D. "Jack" Murphy Memorial Nurses Scholarship - One award of \$1,000.00.

The scholarship may be extended for one additional year by reapplying.

The \$1,000.00 scholarship award will be paid at the beginning of the student's first semester at their college of choice. Registrar's certification of enrollment is required before payment will be made. A check will be issued to joint payees, the recipient and the Scholarship and Awards Officer or equivalent official at the school.

Basis for Eligibility:

1. One applicant planning a career as a Registered Nurse. The scholarship must be used the first fall semester upon completion of high school.
2. Must be the descendent* of a veteran having served 90 days on active duty in the Army, Air Force, Navy, Marine Corps or Coast Guard of the United States, and having an honorable discharge. A copy of the veteran's discharge or separation notice must be submitted with the application. The copy must show the date the veteran entered service and the date the veteran left service.
3. Be a resident of the state of Missouri.
4. Shall be an unmarried dependent under the age of 21.
5. Must be attending an accredited college / university as a full-time student.
6. Consideration for scholarship will be determined annually for high school graduates in NEED of financial aid to attend a college / university.
7. Applicant must graduate in the top 40% of his / her class.
8. **A counselor's statement must be attached.** The statement should be on school letterhead, attest to the student's ability and desire to major in nursing, certify that the student is in the top 40% of their class, and be signed by the school counselor.

(*) DEFINITION OF "DESCENDANT": Any child, grandchild or great grandchild of a veteran who is unmarried and under the age of 21 and is (1) A legitimate child. (2) A child legally adopted. (3) A stepchild of person and living in the veterans home. (4) An illegitimate child (when necessary proof of relationship is provided).

This scholarship application may be obtained on the web at www.missourilegion.org