This Scholarship 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 Degree or Baccalaureate Degree School of Nursing, or prior to the start of an 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.

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. Deadline: April 1, 2016

2. Signed application, financial statement and personal statement must be sent together to the VFW Auxiliary, Department of Minnesota, Veterans Service Bldg., 20 West 12th Street, Floor 3, St. Paul, MN 55155-2002.

Revised 9-2015
MARCELLA ARNOLD NURSING SCHOLARSHIP APPLICATION

Please print or type

Name ________________________________
First       Middle       Last

Street ________________________________

City __________________________ State __________ Zip ______

Telephone Number (_____) ________________________________

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:

Name __________________________ Telephone Number __________________________

Are you a VFW/Auxiliary member? ______ Provide:
VFW/Auxiliary Number __________ ID Membership Card # __________________________

Not a Member: Provide your eligibility with the requested information below or family member and their eligibility -
Applicant or Family Member (circle one)

_________________________ Country __________________ Foreign Service Dates ____________ to ____________
(Branch)

Name of Campaign Ribbon or Medal ________________________________

Family Member Name __________________________ Relationship __________________

VFW/Auxiliary Number __________ Member 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
   Total "A" $_________/semester

B) Living Expenses:
   1. Housing $_________/semester
   2. Utilities $_________/semester
   3. Food $_________/semester
   4. Car Expense $_________/semester
   5. Child Care $_________/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 describe your commitment to your goals and how this scholarship will help in this endeavor.

Signature of Applicant ____________________________ Date ______________