

APPLICANT RULES FOR THE EDNA MAE UNFER SCHOLARSHIP

1. Applicants must be 30 years of age or older. They must be seeking a career in nursing and currently accepted into an accredited nursing program or enrolled in classes required for the nursing program.
2. Scholarships are awarded only to individuals enrolled in an accredited school or hospital program.
3. Any applicant who has previously received a Nurses' Scholarship or Edna Mae Unfer Scholarship from the American Legion Auxiliary may apply again.
4. This application form must be processed through an American Legion Auxiliary Unit in Illinois.
5. Included with the application must be:
 - a. The applicant's essay stating their reasons for choosing a nursing career.
 - b. Three signed letters of recommendation detailing the applicant's qualifications, character, volunteerism, and need for financial assistance from the following:
 1. The President of the sponsoring American Legion Auxiliary Unit
 2. A School Official of the current or recently graduated institution
 3. Clergy or Adult citizen, other than a relative, attesting to the applicant's character in regards to conduct, citizenship, and leadership.
 - c. A copy of the most recent Federal Income Tax Return. If the applicant is claimed as a dependent, the parent or guardian's tax return must be submitted. If the applicant is self-supporting, his/her own tax return must be submitted. If the applicant lives with a parent or guardian, returns of both the applicant and the parent/guardian must be submitted.
 - d. Grade Transcript
 - e. The Name and address of the school or hospital the applicant attends or is planning to attend.
6. The completed application with all the required attachments must be submitted in a folder to the sponsoring American Legion Auxiliary Unit **NO LATER THAN APRIL 10, 2026.**
Return to: Name Sandra De Witt
Address 2449 Costa Dr. Galesburg City, St, Zip 61401
7. Successful applicants **MUST** have the SCHOOL or HOSPITAL send verification of their enrollment to The American Legion Auxiliary, Department of Illinois Headquarters, P.O. Box 1426, Bloomington, IL 61702-1426.
8. The full amount of the scholarship will be paid in one payment. Each successful applicant will be required to sign an agreement that in the event he/she does not complete the semester of school as planned, arrangements must be made with the American Legion Auxiliary, Department of Illinois within thirty (30) days for repayment of the full \$1,000 scholarship.
9. Check will not be issued until a proof of enrollment letter from the applicant's school is received. This is different from an acceptance letter. This will verify enrollment into classes.

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF ILLINOIS
APPLICATION FOR EDNA MAE UNFER NURSES SCHOLARSHIP
(OFFERED THROUGH THE PAST PRESIDENTS PARLEY PROGRAM for students over age 30)**

This application and all supporting documentation must be submitted to the sponsoring American Legion Auxiliary Unit no later than **APRIL 10, 2026**.

The sponsoring Unit must send the completed application with required documentation and signatures to the Department Past Presidents Parley Chairman, Arlene Holtgrave, 7815 Cemetery Rd, Breese, IL 62230 BY MAY 1, 2026.

1. Name of Applicant _____ **Date of birth** _____

Address _____

2. Name and address of parent(s)/guardian(s) or spouse _____

3. Please provide a list of ways you volunteer in your community _____

4. Name and address of most recently attended school _____

5. Name and address of hospital/school you plan to attend _____

Tuition cost per year \$ _____

6. State plans for financing nurses training in addition to this scholarship _____

7. Have you applied for or been awarded any other scholarship? Yes No

If yes, please list source and amount _____

8. Anticipated date of graduation _____

OVER

NOTE: Please be sure to attach all items required as described by #5 of the applicant rules.

a. Essay stating your reasons for choosing a nursing career

- b. Three letters of recommendation-Sponsoring Unit President, School, Adult citizen or clergy**
- c. Federal Tax Return(s)**
- d. Grade Transcript**
- e. Name and address of hospital/school you plan to attend or are currently attending**

Signature of Applicant _____

Telephone Number _____

Email: _____

Date _____

Submitted by:

Unit Name and Number _____ **District** _____

Signature of Unit President _____

Unit President's name (type or print) _____

Unit President's address _____

Unit President's telephone number _____

Attested by: _____

Signature of Unit Secretary or Unit Past Presidents Parley Chairman

AMOUNT CONTRIBUTED TO THE PAST PRESIDENTS PARLEY FUND BY APRIL 10, 2026 \$ _____

Were your Parley Dues paid by April 10, 2026 ? Yes No

Verification of contribution

Signature of Unit Treasurer