



AMERICAN LEGION AUXILIARY  
DEPARTMENT OF KANSAS

**APPLICATION FOR NURSING ENTRANCE PROGRAM GRANT (LPN or RN)**

**Amount of Grant - \$ 250.00**

Please follow all instruction- no money will be issued unless all requirements are met.

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_

I am a member of in good standing of:

\_\_\_\_\_ American Legion Auxiliary

\_\_\_\_\_ The American Legion

\_\_\_\_\_ Sons of The American Legion

Member # \_\_\_\_\_

Name of Veteran through whom applicant is eligible for membership

\_\_\_\_\_  
Relationship to Veteran \_\_\_\_\_

**SCHOLASTIC INFORMATION**

Date Applicant graduated from High School \_\_\_\_\_

Attach a copy of high school transcript (if graduated in last 5 years)

Has Applicant attended Higher Education Classes? \_\_\_\_\_

Name of institution \_\_\_\_\_ Date Attended \_\_\_\_\_

If it has been more than five years since applicant has attended school, submit work history.

