

(THIS FORM MAY BE REPRODUCED LOCALLY)

JOHN AND GERALDINE HOBBLE
LICENSED PRACTICAL NURSING SCHOLARSHIP

The name of this scholarship, to be awarded annually, will be the "John and Geraldine Hobbble Licensed Practical Nursing Scholarship". This is established as a memorial to their parents, Mr. and Mrs. H. Hobbble and Mr. and Mrs. H. E. Winsted.

RULES

ELIGIBILITY

1. The applicant must be a Kansas resident.
2. The race, color, creed or gender of the applicant will not be a factor in determining eligibility for this scholarship.
3. The applicant must demonstrate financial need. All other factors being relatively equal, need will become the determining factor in awarding the scholarship.
4. The applicant must have attained the age of 18 prior to taking the Kansas State Board examination.
5. The applicant must attend an accredited Kansas school which awards a diploma for Licensed Practical Nursing (LPN).
6. The applicant must pursue this profession in a health related institution such as a nursing home or hospital located in the State of Kansas.

TYPE OF SCHOLARSHIP

1. Outright grant.
2. Not renewable.
3. Awarded annually.

AMOUNT OF SCHOLARSHIP

1. One (1) \$300.00 grant, payable to the school at the start of the first semester. This scholarship will be awarded only upon acceptance and verification of enrollment by the scholarship winner in an accredited Kansas school which awards a diploma for Licensed Practical Nursing (LPN).

HOW TO APPLY

1. Applications must be received at Department Headquarters of The Kansas American Legion by **February 15th of the current year.**

HOW CHOSEN

1. The three members of the Scholarship, Essay, and Oratorical Committee for the Kansas Department of The American Legion are charged with selecting the winner of this scholarship. The committee will be guided in their selection by the wishes of Mr. and Mrs. Hobbble, in that the scholarship be awarded to an individual who is both qualified and in need of the financial aid afforded by their scholarship.
2. The decision of the Scholarship, Essay, and Oratorical Committee shall be final and absolute.

APPLICATION FOR JOHN AND GERALDINE HOBBLE
LICENSED PRACTICAL NURSING SCHOLARSHIP

NAME _____

FIRST

MIDDLE

LAST

ADDRESS _____

STREET

CITY

STATE

ZIP

DATE OF BIRTH _____ PHONE INCLUDING AREA CODE _____

MARITAL STATUS: SINGLE _____ MARRIED _____ DIVORCED _____ SEPARATED _____

EDUCATIONAL BACKGROUND

HIGH SCHOOL _____

NAME

LOCATION ADDRESS

GRADUATE: YES _____ NO _____

TRADE SCHOOL _____

NAME

LOCATION ADDRESS

GRADUATE: YES _____ NO _____

COLLEGE _____

NAME

LOCATION ADDRESS

GRADUATE: YES _____ NO _____

NOTE: It is assumed that the applicant has sufficient academic background and ability to pass the entrance examinations for the LPN program of the school to which application has been made.

WITH THIS APPLICATION YOU MUST INCLUDE:

1. Above information complete
2. Latest 1040 income statement of supporting parent(s)/self.
3. Explain in your own words those details which you feel will help the selection committee as they review your application.
4. Three letters of recommendation (no relatives) - only one from a teacher
5. A recent black & white or color glossy photo must accompany application, to be used for publicity purposes.
6. High school transcript - **MUST SHOW GRADE POINT AVERAGE.**

**SEND ALL OF THE ABOVE TO;
THE AMERICAN LEGION
1314 SW TOPEKA BLVD.
TOPEKA, KS 66612**

DEADLINE DATE IS FEBRUARY 15 OF THE CURRENT YEAR

ALL SUBMITTED MATERIAL BECOMES PROPERTY OF THE KANSAS AMERICAN LEGION