



**THE GEORGE F. AXT MEMORIAL FUND
OF THE
BERGEN COUNTY AMERICAN LEGION & AUXILIARY
NURSES' SCHOLARSHIP**

Vincent C. Martorano, Sr. & Margaret E. Frontera, Co-Chairs

2023 Award: \$2,500

The George F. Axt Memorial Fund will award four \$2,500 nursing scholarships to students entering accredited nursing programs or who are already enrolled in an accredited undergraduate nursing curriculum. This award amount is for 2023 only. Future years' awards will depend upon the funds raised at that time.

CRITERIA & RULES

1. Applicant must be a resident of Bergen County, and either a senior in high school, a high school graduate who has been accepted to an accredited nursing school, or a student currently enrolled in an accredited undergraduate nursing program.
2. For high school seniors or graduates, acceptance by the nursing school should be secured and noted on the application form.
3. A certified copy of the applicant's transcript, along with class standing (if applicable), must be attached.
4. Applicants are neither required to be members of a veteran's family, nor affiliated with The American Legion or The American Legion Auxiliary.
5. If an applicant is chosen to receive the scholarship, he or she may receive this award only once.
6. All applications MUST be signed by the applicant. An electronic signature (aka "e-signature") is unacceptable, and such applications will be disqualified.
7. Applicants who chose to email their final documents must do so in PDF format, preferably in one document attachment.
8. Applications are available from high school guidance counselors, local American Legion Posts and on this web site: <https://bcnjal.org/george-f-axt-memorial-fund-nurses-scholarship>

**CLOSING DATE FOR FILING SCHOLARSHIP APPLICATION: MARCH 31, 2023
ALL PAPERWORK MUST BE RECEIVED BY THIS DATE! APPLICATIONS RECEIVED
AFTER THIS DATE, ETHER BY REGULAR MAIL OR EMAIL WILL BE DISQUALIFIED
AS "LATE."**

MAIL/EMAIL COMPLETED APPLICATION & SUPPORTING DOCUMENTS TO:

Margaret Frontera, 441 Marion Avenue, New Milford, NJ 07646
alaunit136LodiNJ@gmail.com Call with questions: 201-264-4622



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2023 NURSES' SCHOLARSHIP APPLICATION**

All questions must be answered for scholarship consideration.

1) Name _____

2) Address _____ City _____ State _____ Zip Code _____

3) Tel. number _____ Email _____

4) Name of high school/college/nursing school _____

5) Name and address of nursing school/college to which you have applied:

6) Present status of application: _____

7) Date of Acceptance: _____

8) Approximate Date of Graduation: _____

9) Approximate annual household income \$ _____

10) Does family own or rent home? _____ Monthly rent/mortgage payment \$ _____

11) Explain any unusual family expense for medical care, tuition, child care, etc.

12) List health care and/or hospital experience, volunteer and/or paid

13) What level of nursing education do you anticipate completing? ___RN __LPN __Other

14) On a separate sheet of paper, itemize anticipated expenses for nurses training. Include class costs (either per credit or for each class), books, lab fees, transportation, uniform costs, room and board, etc.

15) On a separate sheet of paper, explain your need for this scholarship assistance.

16) On a separate sheet of paper, list past and current extracurricular activities, both in school and in your community, any leadership positions held in those groups, and any accomplishment(s) or recognition in your activities of which you are especially proud.

MANDATORY ESSAY: On a separate sheet of paper: Why have you chosen the nursing field? Once you have achieved your nursing degree, how do you hope to make a difference in your community, or in the world?

NOTE: APPLICATION MUST BE SIGNED BY THE STUDENT. Applications that are submitted with no signature or a digital/electronic signature will be disqualified.

ATTESTATION: To the best of my knowledge, all the information I have supplied is truthful and current. Any false information or statements will result in the disqualification of this application and the repayment of any and all payments that have been distributed.

RELEASE: By signing this application, if I am successful, I give permission to the Bergen County American Legion to use my name and image for publicity purposes.

Signature of Applicant

Date

Print Name