Monetary Nursing Scholarships

SAD SACKS UNIT #0195
Mt. Vernon, Ohio 43050

General Information

Sad Sacks are a nationally organized affiliate of the AMVETS organization. All members are ex-servicemen or women of the U. S. Armed Services. The local unit, Sad Sacks #0195, is located at 311 S. Mechanic St., Mt. Vernon, Ohio. The phone is (740) 397-2119 (Amvets Post 95). For information about Sad Sacks scholarships, ask for a member of the scholarship committee. Inquiries will be answered quickly.

Ron Hull 740-390-6030

Applicant Qualifications

Applicants having a permanent residence in Knox county are given primary consideration. The student must have completed one year of college level courses and be enrolled in an accredited RN Nursing Program. A 4 page application must be completed by January 31st. The Scholarship Committee will respond to each applicant within 1 month.

Amount and Distribution

A $500 award is presented directly to the selected student(s). Also, the local Sad Sack Unit may submit its winning applicant(s) to State and National levels for their consideration for additional scholarship awards. A student may complete a new application each year for which he/she is enrolled.

Sad Sacks Origin

The Sad Sacks were organized in 1945 in California at that State's First Annual Convention of the AMVETS. They became the fun and honor group of the Amvets, and held their First Annual Convention in Columbus in 1947. The local Sacks unit was chartered in December 2001 by 18 members.
AMVETS NATIONAL SAD SACKS
NURSING SCHOLARSHIP APPLICATION
MAY ALSO BE USED FOR STATE AND LOCAL APPLICATIONS

Please print Last name, First, Middle initial

Address

City, State, Zip

Phone with area code

Submitted by unit# City State

College you plan to attend Phone

Address

City, State Zip

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PAGE 1
List Any Grants or Scholarships You Will Receive & Their Value.

1) ___________________________ 2) ___________________________
3) ___________________________ 4) ___________________________

1) Total Monetary Value of All Scholarships $__________
2) Financial Aid You Will Receive From Your Family $__________
3) Amount You Have Saved For Your Education $__________
4) Total of Any Other Financial Aid You Will Receive $__________
5) Total Financial Support Available (Add Lines 1 thru 4) $__________
6) Are You, As A Student, Listed As A Dependent on Your Parents Income Tax Return?
   Yes______ No______

7) Name Of Your Or Your Spouse’s Employer __________________________

   7a) Are You A Veteran?
       Yes______ No______

   b) Is Your Spouse ______ Father ______ Or Mother ______ A Veteran?

8) List Your Adjusted Gross Income from Your Most Recent Federal Income Tax Return $__________

   8a) If Married & Filing Separately, List Your Spouse’s Adjusted
       Gross Income $__________

       Married ____________ Single ____________
       Living W/ Parents _______ Spouse _______ Single _______

       Number of Dependents ____________ Your Age ____________
FINANCIAL STATEMENT

APPLICANTS STATEMENT:

In Submitting This Application, I Hereby Certify That, (1.) I Am In Need Of This Scholarship To Continue Nursing School; (2.) I Will Use The Proceeds Of Any Scholarship Received Towards The Paying Of Tuition, Required Fees, Room & Board, Required Materials Or Books; (3.) The Information Submitted In This Application Is Complete & Correct And (4.) I Agree To Inform The Committee Of Any Changes In My Financial Circumstances.

DATE ___________________________ SIGNATURE ___________________________

AGREEMENT:

If I am awarded a scholarship the AMVETS Sad Sacks, it is my intentions to complete my nursing education as outlined & to serve as a member of the profession for which I am preparing myself. I agree to repay to the AMVETS SAD SACKS all monies paid to me on this scholarship if I do not complete my nursing education & become a "R.N." and work in the profession, either full or part time, in the year following my graduation. I understand that this application & all credentials submitted by me, or others in my behalf will remain the property of AMVETS SAD SACKS.

DATE ___________________________ SIGNATURE ___________________________

FINANCIAL AID OFFICERS STATEMENT:

The Financial Aid Officer Must Sign This Part Of The Form.

I Have Reviewed The Information Submitted In This Application & To The Best Of My Knowledge, It Is Complete & Correct. Particularly, The Accuracy Of School Cost & Estimated Family Contribution.

DATE ___________________________ SIGNATURE ___________________________

PRINT NAME ___________________________

TITLE ___________________________

SCHOOL ___________________________

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AMVETS SAD SACKS
NURSING SCHOLARSHIP

INDICATE HERE YOUR CUMULATIVE G. P. A.
HIGH SCHOOL __________________________ COLLEGE __________________________
S.A.T. SCORE __________________________ A. C.T. SCORE __________________________
OTHER __________________________ SPECIFY __________________________
HONORS AND AWARDS RECEIVED __________________________

CERTIFICATION
I CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY
KNOWLEDGE. I AGREE TO ABIDE BY THE RULES ESTABLISHED BY AMVETS SAD SACKS
SCHOLARSHIP COMMITTEE AND I AM COGNIZANT THAT ALL DECISIONS RENDERED BY THIS
COMMITTEE IS FINAL. I FURTHER CONSENT TO AMVETS SAD SACKS THE USE OF PHOTOGRAPHS
(OR THE LIKENESS) OR STATEMENTS FOR PUBLICITY PURPOSES.
DATE________________________ SIGNATURE __________________________

THIS MUST BE RECEIVED BEFORE THE SPRING N. E. S.

MAIL TO
NATIONAL NURSES SCHOLARSHIP CHAIRMAN
Art Majors
1200 ½ Reed Street
Mansfield, OH 44906
OR
AMVETS NATIONAL SAD SACKS
NATIONAL ADMINISTRATIVE DIRECTOR
Michael Davis
PO Box 125
Shepardsville, IN 47880