Dear Sir or Madam:

Please find attached applications and instructions for the 40/8 Grande Du Maine Chester Worthington Scholarship and Grande Du Maine, Voiture 354 Scholarship. The 40 & 8 contact person is Mr. Jesse Pierce; his contact information is in the instructions. Mr. Pierce is a Veteran, Legionnaire and a Voyageur (member) of the 40 & 8. I am sending out this year’s scholarship package for my uncle as he does not have e-mail. I am a member of Sons of the American Legion, which is a program of The American Legion.

The 40 & 8 is an organization of distinguished Legionnaires founded after World War I whose primary focus is nurse training. The Grande Du Maine, Voiture 354 covers Androscoggin County and administers this scholarship. This scholarship is available to residents of Androscoggin County enrolled in a RN or LPN training program. Maine residents who do not live in Androscoggin County may apply for the Grande Du Maine, Chester Worthington scholarship. Applicants should read & follow all instructions. Applications must be received by April 1, 2016. Applications must be completed in full or they will not be accepted. Questions may be directed to Mr. Jesse Pierce.

Thank you.

Bruce Pierce.
1. THIS IS A SCHOLARSHIP FOR NURSES
2. Read carefully and answer all questions.
3. Type or print clearly all information.
4. Do not omit any information. If an item does not apply, write N/A
5. The applicant must have completed one semester in a nursing curriculum.
6. The applicant must be in an accredited Associate or Bachelor degree nursing program.
7. The Scholarship will be awarded at the Forty & Eight Grande Promenade in June. The recipient will be asked to attend the award presentation.
8. Submit application by: **April 1, 2016**.
9. Submit application to: Jesse Pierce
   P.O. Box 165
   Buckfield, Maine 04220
   207-336-3601

10. Applicants must be Maine residents.

*Applications must be completed in full or they will not be accepted.*
Grande Du Maine Nurses Training Scholarship

The following is to be filled out by the student that is submitting his/her name to the Forty & Eight for assistance to further his/her education in an accredited Nurses Training School.

Name of Applicant: ____________________________________________
Mailing Address: _____________________________________________

Phone #: ____________________________________________________
Name of Nursing School: _______________________________________
Mailing Address: _____________________________________________
Have you been given any other scholarships? : Yes ______ No ______
(If yes give details on the back of this sheet)

Please attach a copy of your transcript of your grades to this form:

Personal Information.
1. Adjusted Gross Income from 1040 Federal Tax Form ________________
   a.) If Married income of both student and spouse from tax form. ________________
2. US Citizen: Yes ______ No ______
3. Marital Status: Single ___ Married ___ Divorced ___ Separated ___
4. If Married Name of Spouse and Dependents.
   Name   Age   Relationship
   ___________________________________________   ___   _______________________
   ___________________________________________   ___   _______________________
   ___________________________________________   ___   _______________________

If you are claimed on your Parent’s or Guardian 1040 Federal tax form provide the following Information:
Father & Mothers Names ___________________________________________
Parent’s income ________________ Number of children in family: ________________

APPLICANT’S STATEMENT OF AGREEMENT
1. I will use the proceeds of the scholarship only for payment of tuition and required fees, room and board, book and similar school expense.
2. I will provide any documents that are requested to verify the information on this form.
3. I hereby acknowledge that the information submitted herein is true and correct.

_________________________   _______________________
Signature of Applicant Date
Grande Du Maine
Voirute 354 Scholarship

Requirements

1. This is a scholarship for nursing students only.
2. Read carefully and answer all questions.
3. Type or print clearly all information.
4. Do not omit any information. If an item does not apply, write N/A.
5. The applicant must have completed one semester in nursing curriculum.
6. The applicant must be in an accredited Associate or Bachelor degree nursing program.
7. The Scholarship will be awarded at the Forty & Eight Voiture 354 Promenade in May. The recipient should try to attend the award presentation.
8. Submit the application by: April 1, 2016
Submit application to: Jesse Pierce
P.O. Box 165
Buckfield, Maine 04220
207-336-3601

9. Applicants for the Voiture 354 Scholarship must be residents of Androscoggin County.

*Applications must be completed in full or they will not be accepted.
Grande Du Maine Voiture 354 Nurses Training Scholarship

The following is to be filled out by the student that is submitting his/her name to the Forty & Eight for assistance to further his/her education in an accredited Nurses Training School.

Name of Applicant: 
Mailing Address: 

Phone #: 
Name of Nursing School: 
Mailing Address: 

Have you been given any other scholarships?: Yes__ No__
(If yes give details on the back of this sheet)

Please attach a copy of your transcript of your grades to this form

Personal Information.
1. Adjusted Gross Income from 1040 Federal Tax Form
   a.) If married income of both student and spouse from tax form.
2. US Citizen: Yes____ No____
3. Marital Status: Single__ Married__ Divorced__ Separated__
4. If Married Name of Spouse and Dependents.
   Name      Age      Relationship
   ___________________________    ___________________________
   ___________________________    ___________________________
   ___________________________    ___________________________

If you are claimed on your Parent’s or Guardian 1040 Federal tax form provide the following Information:
Father & Mothers Names
Parent’s income _______ Number of children in family:

APPLICANT’S STATEMENT OF AGREEMENT

1. I will use the proceeds of the scholarship only for payment of tuition and required fees, room and board, book and similar school expense.
2. I will provide any documents that are requested to verify the information on this form.
3. I hereby acknowledge that the information submitted herein is true and correct.

Signature of Applicant ______________ Date ____________