

Unit CITY location \_\_\_\_\_ Unit # \_\_\_\_\_ District # \_\_\_\_\_

Date \_\_\_\_\_



**NURSING/HEALTHCARE SCHOLARSHIPS DONATION**

**Harriet Hubbard Registered Nurse Scholarships** – Applicant must be in nursing school or have positive acceptance to an accredited hospital or university Registered Nurse program.

**Health Career Scholarships** – course of study need not be a 4-year program. Hospital, university, or technical school program is acceptable.

These scholarships are funded by the Past Presidents Parley through a legacy from Harriet Hubbard and unit donations. The number of scholarships awarded is determined by the amount of donations received.

**Units do not need to have a Parley group to support these scholarships.**

Yes, our Unit would like to donate to the scholarship fund in the amount of \_\_\_\_\_ ①

Yes, the following members would like to pay their 2025 PPP Dues (\$7/person):

**NOTE: PPP membership coincides with ALA membership.**

**PPP members whose dues are not paid by 2/1/2025 will be dropped.**

**PAST PRESIDENTS PARLEY MEMBERSHIP**

*(please print legibly)*

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

List additional names on separate sheet if necessary

Number of names listed \_\_\_\_\_ @ \$7.00 each = \_\_\_\_\_ ②

Make check payable to – **ALA-PPP**

Mail to ALA-Wisconsin  
PO Box 140  
Portage WI 53901-0140.

Total amount ① + ② = \_\_\_\_\_ ③

Department will implement a \$25.00 administrative fee  
for checks returned by the bank.

Checks cannot be accepted 90 days beyond date of check.

Send PPP Membership cards to:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

PPP cards are sent out by the Chairman, Joanie Dickerson.  
Any questions, please contact her at 608-996-2152 (h).