

Eglin Spouses' Club
Scholarship and Charitable Association

High School Student Scholarship Application

This application must be returned to the
School Guidance Office
No later than **March 15, 2012.**

**For further information contact your
guidance counselor or the ESC Scholarship
Chairs, Cory Wees at ccwees@gmail.com or
Kerrie Rogers at karogers83@gmail.com**

**EGLIN SPOUSES' CLUB
SCHOLARSHIP AND CHARITABLE ASSOCIATION**

INSTRUCTIONS FOR COMPLETING APPLICATION

Eligibility: Each applicant must meet all of the following requirements:

1. Graduating high schools seniors who are dependents of active duty military assigned to Eglin Air Force base **OR** graduating high school seniors from local high schools whose military sponsor is one of the following:
 - A. Retired Military
 - B. Divorced
 - C. Assigned remote tour
 - D. MIA/POW/Deceased
 - E. Reassigned (out of area) from Eglin Air Force Base and the applicant remained behind to graduate.
2. Applicant can only receive one scholarship from any Military Spouses' Club.
3. Students who are awarded any four-year military academy scholarship, other four-year scholarships that include room and board, will not be eligible to receive this scholarship.
4. Applicants must have a grade point average (GPA) of 2.9 or higher (based on Okaloosa County's weighted scale).

INSTRUCTIONS FOR THE STUDENT

1. This application must be completed, placed in a large envelope and returned to your counselor by **Thursday, March 15, 2012.**
2. Please read rules of eligibility carefully to determine if you are eligible.
3. Be sure to include a copy of your military ID card with your application.
4. The "**FOR THE COUNSELOR**" page is to be **completed by your counselor.** He/she will complete this section for you and pass the entire application on to the Scholarship Committee.
5. Please carefully read the Statement of Understanding. Make sure you and your parent(s)/guardian(s) understand and agree to this document before signing.
6. You may hand write or type information on this application. If needed, you may retype the application to accommodate your information. **NO** senior resumes, please.
7. If you have any questions concerning this application, contact your counselor or the ESC Scholarship Chairperson.

EGLIN SPOUSES' CLUB
SCHOLARSHIP AND CHARITABLE ASSOCIATION
2012 High School Scholarship Application

APPLICANT'S INFORMATION:

Name:

Address:

SSAN:

E-mail address:

DOB:

SPONSOR'S INFORMATION:

Name:

SSAN:

Rank/Grade& Branch of Service:

Organization:

Organization Address:

Home Phone Number:

Duty Phone Number:

Sponsor's ID Expiration Date

EDUCATIONAL INFORMATION:

List all high schools (name, city, state) attended (Grades 9-12):

College Objective: (What is your plan, academic and/or non academic for college?)

HIGH SCHOOL/COMMUNITY ACTIVITIES:

Activities During High School Years- band, chorus, sports, clubs, church activities, scouts, teams, etc. (include years participated, brief description of your involvement, including leadership positions held and hours spent doing the activity):

Example:

Band 2006-2009, section leader 2009; spent an average of 15 hours per week during marching season, and 8 hours per week during concert season. Plus, 40 hours in the summer. Helped with fundraising approximately 15 hours each year.

Community Service During High School Years- List name of organization, city/state (if not in local area), total hours, dates volunteered, and brief description of what types of service you provided. You may attach a copy of your community service log in lieu of listing volunteer activities. Do Not include anything already listed in HS activities.

Examples:

- 1) Relay for Life, 20 hours, May 2010. Helped build booth, manned booth, and helped clean up after event.
- 2) United Methodist Church, Dayton, OH, 30 hours, Dec 08-June 09. Worked in nursery during church service.

Total Hours Volunteered During High School Years: _____ hours

Honors/Awards- (earned during high school-include title/description and year earned):

Example:

National Merit Finalist, 2011

Employment- List H.S. year employed (Sophomore, Junior, Senior year), employer, job title/description, dates employed and average hours per week.

Examples:

1) Sophomore year- Hershey's Ice Cream, Server, June 09-Aug 09, averaged 20 hours per week

2) Junior year- YMCA, Lifeguard/swim instructor, May 10-current, average in summer-30 hours per week; average during school year-15 hours per month

Essay Question

Please write an essay explaining how being a military dependant has influenced your character development and educational goals.

The essay must be 300 words or less, computer-generated, and double-spaced.

STATEMENT OF UNDERSTANDING

Please read carefully, sign and return with completed application.
Your signature confirms acceptance of the policies stated below.

This scholarship is based on scholastic achievement, character, leadership, aptitude, and interest.

1. If I am awarded any four-year military academy scholarship, or any other full four-year scholarship (which includes room and board), I will not be eligible to receive this scholarship. If an appointment is received after a portion of the Eglin Spouses' Club (ESC) scholarship has been used, all remaining funds will be returned to the ESC.
2. If selected, I understand I will not receive the actual scholarship until I have been enrolled at an accredited school (usually August of the entering year) and have notified the ESC Scholarship Chairpersons of the acceptance and my intent to attend. In addition, I must supply the Scholarship Chairperson with **the institution's address where payment is to be made, as well as my student ID number no later than June 30, 2012.** Contact chairman if more time needed.
3. Should I transfer to another accredited school before using all funds, any remaining funds shall be transferred to the new school. The **ESC Chairman must be notified immediately.** If the ESC is not notified immediately you could lose your scholarship. This scholarship must be used in the 2012-2013 school year.
4. Should I cease to attend the school and fail to transfer immediately to another accredited school, I must notify the ESC Scholarship Chairman immediately, and any monies remaining in this fund shall be returned to the ESC.
5. I agree to the use of my name and/or picture, in connection this award, in local publications.
6. I certify that the information contained in this application is accurate and truthful to the best of my knowledge and the essay is entirely my own effort.
7. If I receive Spouses' Club scholarship from any other base, I am ineligible to receive this ESC scholarship.
8. The ESC reserves the right to withdraw the scholarship funds at any time, for any reason.
9. I agree that my signature on this form will authorize the ESC Scholarship chairperson to release this application, including social security number, GPA, and transcript(s) to the scholarship committee/judges as needed.

Signature of Applicant _____ **Date** _____

Signature of Parent _____ Date _____

FOR THE COUNSELOR:

1. Thank you for your assistance in identifying students who are eligible for this scholarship. Please encourage all students, who meet the eligibility requirements, to submit applications.
2. Please complete the GPA, class rank, and test score information for this student.
3. Please attach a copy of the student's 9-12 grade official transcript to the completed application.
4. The Eglin Spouses' Club Scholarship Chairperson will contact you to arrange for pick up or mailing of completed applications on or before March 16, 2012.
5. Judging for this scholarship will take place during the first week in April.
6. If you have any questions, please contact Cory Wees @ 687-6314 or Kerrie Rogers @ 797-5972.

This page must be completed by a duly authorized representative of the school and retained in the school office until the applications are collected by the ESC.

STUDENTS NAME: (Last, First, Middle) and Class Rank:

GPA: (weighted based on Okaloosa County's weighted scale and non weighted)

TEST SCORES

RAW

MAXIMUM

SAT

VERBAL

MATH

COMBINED

ACT COMPOSITE

Any other test score(s) please enter state name, and maximum possible score

Guidance Counselor/ Principal Verification:

As a duly authorized official of this high school, I certify the above information is complete and accurate.

Print/type Name _____

Signature _____