

**2017 SCHOLARSHIP APPLICATION – Military Spouse**

**ELIGIBILITY:**

To be eligible for this scholarship program you must meet the following criteria:

1. Applicant must be the spouse of an Active Duty Navy, Marine Corps, or Coast Guard who has served in a San Diego area command at some time; or a retired/medically retired or deceased Navy, Marine Corps or Coast Guard member; or Reservist activated for at least nine months.
2. Applicant must be residing in the greater San Diego area at the time of application.
3. Applicant must be attending or applying to a two or four year accredited institution for full-time undergraduate study.
4. Previous NOSC San Diego scholarship recipients may not reapply. However, those who have previously applied, but DID NOT RECEIVE a scholarship, are eligible to re-apply.
5. Scholarships are not available for active duty or retired military members.
6. If applicant is awarded scholarship, they agree to have their name, home town, college and photo published.

**AWARDS:**

1. Scholarships are awarded on the basis of spouse’s academic record, work experience, community service and leadership, and a written essay. Financial need is *not* considered.
2. The club treasurer will pay awards only directly to the accredited institution the scholarship recipient will be attending. Awards will only be paid after receipt of attendance verification from the college or university.
3. Awards can only be used towards tuition or fees. Awards may not be used for room, board, books, or personal expenses.
4. Awards will be paid in a single installment.

**INSTRUCTIONS:**

1. The entries on this application form must be complete, accurate, and legible. They must be typewritten or printed in black ink.
2. As used in this application form, the term “sponsor” refers to the spouse through whose military service your eligibility for this program is claimed.
3. Ensure that the information you enter about your sponsor accurately describes his or her latest status. For example, if the sponsor is on active duty, the information must describe his/her current affiliation, status, etc. If he/she is retired or deceased, the affiliation, status, etc., must be that which pertained at the time of his/her retirement or death.
4. Fill in all the information requested. If the answer is “none” or “not applicable” please make that statement.
5. Review the form for completeness and all answers for correctness. Use this year’s current form - 2017. Do not send resumes or copies of awards. Provide only the information requested.
6. Sign the application form and ensure that your sponsor also signs it. (If your sponsor is unable to sign the application, please state why he/she is unable to sign and who is signing in your sponsor’s place).
7. Mail the completed application to:

**SCHOLARSHIP COMMITTEE**

**NAVAL OFFICERS’ SPOUSES’ CLUB**

**941 ORANGE AVE.**

**P.O. BOX 233**

**CORONADO, CA 92118**

Please retain this page and a copy of your application for your records. All scholarship applications (with attachments) must be submitted by mail and must be postmarked no later than **March 15, 2017**. Late and incomplete application packets will **not** be considered.

Applicants will be notified in writing of selection decisions no later than May 15, 2017.

**\*\*Important – Items to Include\*\***

1. Completed application
2. Official copy of college and/or high school transcripts
3. Photocopy of a photo ID (for example, driver’s license or state issued ID)

*Please DO NOT send a copy of your military ID*

1. Photo copy of Record of Emergency Data (NAVPERS 1070/602 or ‘Page 2’) or Military Service Record (DD214) or similar documentation confirming Sponsor’s military status AND relationship between the Applicant and Sponsor
2. Proof of sponsor’s eligibility
3. Signed privacy statement

**VERIFICATION OF ELIGIBILITY INFORMATION:**

1. Please attach a legible photocopy of a state issued ID

2. Attach a legible photocopy of your sponsor’s NAVERS 1070/602 or Page 2(or see above)

--and--

Other Proof of sponsor eligibility:

Officers: Their Officer Data Card

Enlisted: The Administrative Data and Career History pages of their Electronic Training Jacket

--or--

Retirees – Photocopy of the DD 214

\***Please block out all Social Security Numbers to protect your privacy.**

**PART I: APPLICANT INFORMATION**

1. Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Email-address: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Home Phone Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Cell Phone Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART II: SPONSOR INFORMATION** *(Spouse through whose military service qualification is claimed)*

1. Name of Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Home Address of Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

3. Current or Last Rate/Rank Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Name of Current Duty Station (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Address of Duty Station (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Work Phone Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Date of retirement or death (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part III: ACADEMIC INFORMATION**

1. Year of high school graduation or receipt of high school equivalent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Previous colleges, universities, or vocational schools you have attended:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How many college changes have you made due to a PCS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Educational institutions you are currently attending or to which you have been accepted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What is the field of study of your degree? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART IV: COMMUNITY INVOLVEMENT**

**Community Involvement:** Please describe your community involvement within the past five years in the order of their interest to you. Include specific events and/or major accomplishments or awards. Please include an additional page if more room is necessary.

*Dates of Participation Community Involvement Activity –*

*and Cumulative Hours including leadership positions held & honors awarded*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART V: WORK EXPERIENCE** *(Both paid and volunteer positions, not included above)*

Please provide information in the space below.

*Specific nature of work Employer(full time, part time) Approximate dates*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART VI: ESSAY**

On a separate sheet of paper, please submit a concise essay (typed, 12 point font, double spaced with one inch margins and no more than 2 pages) in regards to your personal and educational goals and objectives. At a minimum, your essay must answer the following questions:

* What are your personal goals and objectives?
* How has being a Military Spouse affected these goals?
* How do you feel furthering your education will help you accomplish these goals?
* How do you see yourself applying this knowledge in the next 5-10 years?

**NAVAL OFFICERS’ SPOUSES’ CLUB OF SAN DIEGO**

**2017 SCHOLARSHIP APPLICATION**

**PRIVACY STATEMENT**

The purpose of the information is to apply for educational financial assistance. Information provided will be used to assess scholastic achievement. Completion of the form is mandatory. Failure to provide required information may result in disqualification from participation in the scholarship program. All application information and documentation must be postmarked no later than **March 15, 2017.** Incomplete application packets or applications postmarked after the deadline are *ineligible* for consideration.

I understand that my signature below indicates the information given in this application is true to the best of my knowledge. I further understand that the information is exclusively for the use of the NOSC San Diego Scholarship Fund and the NOSC San Diego Scholarship Selection Committee, and will not be shared with other individuals or agencies without my consent.

I agree that if I am awarded a scholarship, NOSC San Diego has permission to publish my name, sponsor’s name, hometown, college of attendance and photo.

APPLICANT’S NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print)

APPLICANT’S SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPONSOR’S SIGNATURE DATE

(Or other verifying signature if sponsor is unable to sign. Please provide explanation.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_