

ASF Scholarship Application for the Child of a Soldier

SEE THE SEPARATE INSTRUCTION SHEET. Please *TYPE* or *PRINT LEGIBLY* all answers.

MY INFORMATION:

Last Name	First Name	MI	Male/Female	U.S. Citizen Yes/No
Social Security Number	Date of Birth	Age	E-mail Address	
Address	City & State	Zip	Telephone	

MY MILITARY PARENT'S INFORMATION:

Last Name	First Name	MI	Military Pay Grade
Component: <input type="checkbox"/> Active Army <input type="checkbox"/> Active ARNG <input type="checkbox"/> Active USAR			
Military Unit and Unit Address	OR	If no longer active, dates of active service	

MY HIGH SCHOOL INFORMATION:

High School Attended	City & State	Year of Graduation/GED	Class Rank/Number in class
SAT Scores: <input type="text"/> / <input type="text"/> / <input type="text"/> or ACT Score: <input type="text"/> High School GPA: <input type="text"/> out of <input type="text"/>			
Reading/Math/Writing		Composite Score	

For all of the following, use and attach a separate sheet of paper if needed.

Scholastic Honors/Distinctions:

Other Honors/Awards:

Extracurricular activities in school (e.g., clubs, honor societies, etc.):

Volunteer work:

Organization/Office Held

Organization/Office Held

Academic/Social/Other:

Organization/Office Held

Organization/Office Held

Sports:

Sport/ position held

Sport/ position held

Extracurricular activities outside of school (e.g., community, church, social club, scouting, etc.):

Volunteer work:

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Organization/Office Held

--

Organization/Office Held

Other:

--

Organization/Office Held

--

Organization/Office Held

MY RECENT EMPLOYERS:

--

Summer Employer Year Hours worked/week

--

Summer Employer Year Hours worked/week

--

Academic Year Employer Year Hours worked/week

--

Academic Year Employer Year Hours worked/week

MY HIGHER EDUCATION:

--

College/School you *will* attend in the Fall

--

City & State

Zip

--

Full mailing address of this school's financial aid office

--

City & State

Telephone

Expected Enrollment Status: ___ Full Time ___ Half Time ___ Less than half time

College year you will enter in Fall: ___ Fr ___ So ___ Jr ___ Sr **Field of Study/Major:**

Anticipated Graduation Date: _____

College, vocational, or technical school(s) previously attended: (Enclose transcripts for all.)

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School

City & State

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From

To

GPA

MY ESTIMATED ACADEMIC YEAR EXPENSES:

Tuition:	\$
Institutional Fees	\$
Books	\$
On Campus Room & Board	\$
Off Campus Housing	\$
Total	\$

Housing Status: On Campus
Off Campus

Anticipated sources of funding: __employment __grants __student loans __parental assistance __savings

MY CURRENT/PRIOR MILITARY SERVICE:

___ I have no prior service. ___ I have prior service. **My DD214 is enclosed.**

___ I am currently serving in the _____ (branch of service, component)

Note: If you are currently serving, a written statement of service on official letterhead and signed by the Adjutant, Personnel Officer, XO, or CO of the unit or organization **must** be enclosed.

MY PRIOR APPLICATIONS:

Have you previously applied to the Army Scholarship Foundation for a scholarship ___ **Yes** ___ **No**

If YES, in what year(s) did you apply? _____

Are any brothers and sisters also applying to this foundation now? ___ **YES** ___ **NO**

If yes list full name(s) _____

Explanations/Special Circumstances: On a separate sheet, submit an explanation of any unusual expenses, such as high medical or dental expenses, other debt, child care, elder care, or special conditions that you believe should be taken into account by the scholarship committee.

CERTIFICATION
(MUST BE SIGNED BY APPLICANT AND ONE PARENT)

All the information provided in this application is true and complete to the best of my knowledge. If selected for an award, I consent to my name and photo being used in ASF press releases, in the annual report, on the ASF web site, or in ASF promotional material.

Applicant's Signature

Parent's Signature

Date:

Applicant's Printed Name

Parent's Printed Name