



TO THE APPLICANT:

The National Naval Officers Association – Quantico Chapter invites you to complete this application to compete for a minimum of six (6) \$1000.00 scholarships to be awarded to Quantico area high school seniors this year. These funds have been set aside to assist students who plan to go on to postsecondary education. Scholarship applications will be evaluated in three categories: Merit Only; Merit with Financial Need; Merit – Active Duty or Active Reserve Dependent. You must select one category on your application.

Please complete your sections of this application, then forward the application to the person you have selected to complete the appraisal (page 4). You are strongly encouraged to select a high school or college counselor or teacher. If this procedure is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any question is not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional sheets. Please indicate appropriate sections and clearly mark with your full name.

You are responsible for seeing that all supporting documents are submitted. Scholarship America, Dollars for Scholars Quantico Chapter, and its affiliate programs reserve the right to process only applications found to be complete as of the application postmark deadline.

REMEMBER: This application becomes valid only when all of the following have been submitted:

- This application with all required signatures
- High school transcripts
- Financial Assistance Questionnaire *(Need based app only)*
- Copy of Active Duty ID *(Dependent app only)*

(Two first-class stamps are required for mailing.)

Application Postmark Deadline: April 12, 2010

Certification and Permission to Use “Recipient Information” to Announce Scholarship Winners

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

I agree that if I am offered and accept an award from Scholarship America® or an affiliated program, Scholarship America and its affiliated programs may use my name, photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the non-profit objectives of Scholarship America and its affiliated programs.

Applicant's Signature _____ Date _____

Parent Signature (if student is less than 18 years old) _____

Signature of Chapter Official Kelly Martin-Rivers – Scholarship Chair State NNOA Quantico VA

Name of Chapter Quantico National Naval Officers Association



PLEASE PRINT OR TYPE

ID # 

Scholarship I am applying for (Select ONE):

- Merit Only
- Merit w/ Demonstrated Financial Need
- Merit –Dependent of Active Duty or Active Reserve (any Service)

APPLICANT DATA

Mr. _____
 Ms. Name (Last) (First) (MI) Social Security Number (Optional) _____

Permanent Address (Street) (City) (State) (Zip) _____

Date of Birth (month, day, year) () Telephone Number E-Mail Address _____

Name of parent/guardian _____

Permanent mailing address of parent/guardian if different from applicant
 (Street) (City) (State) (Zip) _____
 () Telephone Number _____

SCHOOL DATA

High School Attended _____ Graduation Date: Month _____ Year _____

Address (Street) (City) (State) (Zip) () Telephone Number _____

Name of High School Principal _____

Name of postsecondary school for which applicant's scholarship is requested: _____
 4-year College/University Vo-Tech
 Community College Other
 Accredited? Yes No

Address _____
 (City) (State) (Zip)

Year in post-secondary program during coming school year: Undergraduate 1 2

Student will: Live on campus Live off campus Commute

Enrolled: Less than half-time Half-time or more Full-time

Anticipated date of graduation from post-secondary program _____
 (month) (year)

Major field of study applicant plans to pursue _____

DEMOGRAPHIC DATA (optional)

Please Check All that Apply:

African American/Black Asian/Pacific Islander Hispanic/Latino American Indian/Alaska Native

White/Caucasian Other (Please Specify) _____

PLEASE PRINT OR TYPE

ID #

PERSONAL STATEMENTS

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please describe a difficult family or personal circumstance and what did you do to overcome the situation?

APPLICANT APPRAISAL

To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a postsecondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments (Do not name student) _____

Appraiser's Signature _____ Date _____ Title _____ Telephone # () _____

Appraiser's Business Address (Street) _____ (City) _____ (State) _____ (Zip) _____

TRANSCRIPT INFORMATION

1. **High school seniors and students who have completed less than one full semester** of postsecondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.
2. **Students currently enrolled in college or vocational-technical school** must include recent college or vo-tech transcript of grades. (Completion of the following section is not necessary.)

Applicant ranks _____ in a class of _____ Cumulative grade point average _____/4.0 scale

PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____

ACT Standard English _____ Math _____

School Official's Signature _____ Date _____ Title _____ Telephone Number _____

School Address (Street) _____ (City) _____ (State) _____ (Zip) _____

APPLICATION CHECKLIST

This application for student aid becomes complete *only* when you have returned the following materials:

Application Postmark Deadline: April 12, 2010
(Two first-class stamps are required for mailing.)

- Application
- All Required Signatures
- Current Transcript of Grades
- Financial Assistance Questionnaire (*Need based app only*)
- Copy of Active Duty ID (*Dependent app only*)