AIRBORNE SCHOLARSHIP ASSOCIATION 2020 SCHOLARSHIP APPLICATION

ELIGIBLE XVIII AIRBORNE CORPS UNIT SPONSOR SERVES OR SERVED IN FROM 11 SEP 2001- CURRENT

Unit Name:		
	PLEASE NOTE THE 82ND AIRBORNE IS NOT AN ELIG	GIBLE UNIT)
Dates of Service in the Eligible	e Unit:	
tank:	Number of Dependents:	Purple Heart: YES / NO
PPLICANT INFORMATION		
lame:		
Last	First	Middle
treet Address:		
City:	State:	ZIP:
Phone: Home / Cell:		
mail Address:		
ate of Birth:	Place of Birth:	
ender: (M/F):	Applicant's SSN:	
pplicant's Relationship to Sp	oonsor:	
PONSOR INFORMATION		
lame:		
Last	First	Middle
treet Address:		
ity:	Sta	ate: ZIP:
lome/ Cell:	Work/ Cell:	
mail:		

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HIGH SCHOOL/COLLEGE/UNIVERSITY INFORMATION

High School	:		Gr	aduation D	oate:	
College Leve	el you will be enter	ing in the Fall of 2	020: FR SO	PHJ	R SR	_
College you	attend/plan to att	end:				
Address of s	school:					
Is this a	an online program	?Yes	No			
Full-tin	ne Student?	Yes	No	of credits p	oer semester	
Major Field	d of Study:					
List all	High Schools, Uni	versities, Colleges	and Technical So	chools you	have previously att	ended.
School:						
City:		State:	Dates:	to	Degree:	
School:						
City:		State:	Dates	to	Degree:	
GRADE POII	NT AVERAGE					
HS GPA:	weig	shted / un-weighte	ed (circle one)	Colleg	ge GPA:	
SAT/ACT Sc	ores					
SAT	Date		ACT		_Date	
If you intend 1April2020.	I retake the SAT or AC	CT again in the near f	uture the updated i	esults must	be received by the AS	A NLT
CLASS RANK	KING					
High Schoo	ol Rank	oftotal	students			
N	I/A (check here if v	our school does n	ot rank or you ha	ve been ou	it of school > 5 vear	s)

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SCHOOL AND COMMUNITY ACTIVITIES

Using the table below, list extracurricular, organized sports, community and religious activities in which you participated during the last 4 years. List the activities in order of importance to you. If you would like to prepare a biography and attach it to the application that will be acceptable.

ACTIVITY	# YEARS	LEADERSHIP POSITIONS, AWARDS & RECOGNITION

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WORK EXPERIENCE

Using the space below, please list any volunteer or paid work experiences during the past 4 years beginning with your most recent position.

EMPLOYER	NATURE OF WORK	DATES OF EMPLOYMENT	HRS/ WEEK

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LIST ANY ADDITIONAL INFORMATION YOU FEEL IS PERTINENT TO THIS APPLICATION

STATEMENT OF CERTIFICATION (BOTH I certify the information provided in this apunderstand failure to provide full documer application. I agree to provide, if requested application. In the event, I receive a scholar immediately return the award to the Airbot committee is final. Applicant's Signature	oplication is accurate and comp ntation or falsification of creder d, official documentation to ver arship award and elect not to at	ete to the best of my knowledge. I tials will result in disqualification of this ify information reported on this tend school during the calendar year, I will
I certify the information provided in this apunderstand failure to provide full document application. I agree to provide, if requested application. In the event, I receive a scholar immediately return the award to the Airbot	oplication is accurate and comp ntation or falsification of creder d, official documentation to ver arship award and elect not to at	ete to the best of my knowledge. I tials will result in disqualification of this ify information reported on this tend school during the calendar year, I will
PLEASE COMPLETE A TYPED ESSAY RESINOT TO EXCEED 500 WORDS. Describe a time in your life that		

SSN Disclosure: Furnishing your SSN is voluntary. However, failure to do so, may result in inability to verify your dependent status and eligibility for the scholarship award.

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Reference Evaluation Form

Last	First		Middle
Address			
Street	City	State	Zip
Current School			
What are the applicant's strengths? Comment ntegrity, motivation, community service, work student special.	• •	•	•
ased upon your contact with the applicant, do erform well and complete college? Yes	•	e demonstrates t	he ability to
How long have you known the applicant?	Are you re	elated? YES	NO
dentify your relationship to the applicant:			
Name:	Position_		
Signature		Date	

Please return directly to address below post marked no later than 1 April 2020

ASA Selection Committee E918 Cherneyville RD Luxemburg, WI 54217

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ASA Funds Disbursement Form

If you are awarded the ASA scholarship funds will be sent directly to your institution or a 529 College Saving account. Please provide the following information in order to receive your funds. Failure to provide this information may result in forfeiture of your scholarship money.

Recipients Full Name:		
City:	State:	ZIP:
Email:		
Phone Number:		
Institution:		
Street address:		
City:	State:	Zip Code:
Phone Number:	Student ID Number: _	
529 College Savings Institution:		
Street address:		
City:	State:	Zip Code:
Phone Number:		
529 Account Number:		

Tracking	Number
(OFFICE	USE ONLY)

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CHECKLIST

1.	Complete Application
2.	Signed Statement of Certification
3.	Attach SAT/ACT Scores
4.	Attach Official School Transcripts
5.	Attach Class Rank Documentation (if not included in transcripts)
6.	Attach Essay
7.	Include signed ASA Application Information Form (2 pages)
8.	3 sealed letters of recommendation received by application deadline
9.	Funds Distribution Form
	Mail the completed application and all accompanying information and documentation

ASA Selection Committee E918 Cherneyville RD Luxemburg, WI 54217

postmarked no later than 1 April 2020 to:

Thank You and Good Luck!