

Tracking Number \_\_\_\_\_  
(OFFICE USE ONLY)

**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 ELIGIBLE UNIT)

Dates of Service in the Eligible Unit: \_\_\_\_\_

Rank: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ Purple Heart: **YES / NO**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: Home / Cell: \_\_\_\_\_ Work / Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: (M/F): \_\_\_\_\_ Applicant's SSN: \_\_\_\_\_

Applicant's Relationship to Sponsor: \_\_\_\_\_

**SPONSOR INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home/ Cell: \_\_\_\_\_ Work/ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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**HIGH SCHOOL/COLLEGE/UNIVERSITY INFORMATION**

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College Level you will be entering in the Fall of 2020: FR \_\_\_\_\_ SOPH \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_

College you attend/plan to attend: \_\_\_\_\_

Address of school: \_\_\_\_\_

Is this an online program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Full-time Student? \_\_\_\_\_ Yes \_\_\_\_\_ No If No, # of credits per semester \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

**List all High Schools, Universities, Colleges and Technical Schools you have previously attended.**

School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_ Degree: \_\_\_\_\_

School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_ Degree: \_\_\_\_\_

**GRADE POINT AVERAGE**

HS GPA: \_\_\_\_\_ weighted / un-weighted (circle one) College GPA: \_\_\_\_\_

**SAT/ACT Scores**

SAT \_\_\_\_\_ Date \_\_\_\_\_

ACT \_\_\_\_\_ Date \_\_\_\_\_

If you intend retake the SAT or ACT again in the near future the updated results must be received by the ASA NLT 1 April 2020.

**CLASS RANKING**

High School Rank \_\_\_\_\_ of \_\_\_\_\_ total students

\_\_\_\_\_ N/A (check here if your school does not rank or you have been out of school > 5 years)



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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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**Reference Evaluation Form**

Applicant's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Current School \_\_\_\_\_

What are the applicant's strengths? Comment on the applicant's character, responsibility, leadership, integrity, motivation, community service, work ethic, and any other characteristics that make this student special.

Based upon your contact with the applicant, do you believe that he/she demonstrates the ability to perform well and complete college? Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Are you related? YES \_\_\_\_\_ NO \_\_\_\_\_

Identify 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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**AIRBORNE SCHOLARSHIP ASSOCIATION  
2020 SCHOLARSHIP APPLICATION**

**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:** \_\_\_\_\_

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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  
postmarked no later than 1 April 2020 to:**

**ASA Selection Committee  
E918 Cherneyville RD  
Luxemburg, WI 54217**

**Thank You and Good Luck!**