

FORT HUACHUCA COMMUNITY SPOUSES' CLUB 2018-2019 SCHOLARSHIP APPLICATION (ADULT)

Dear Applicant,

The Fort Huachuca Community Spouses' Club (FHCSC) will award Adult Continuing Education scholarships to spouses and adult dependent children of U.S. military (active duty, reserve component, National Guard, retired or deceased) or DOD civilians (active, retired, or deceased) whose sponsor is assigned to or living in the greater Fort Huachuca area. Students must be pursuing an initial undergraduate (BS/BA/Assoc) degree or continuing education certification during the 2019-2020 academic year. Spouses of military/DOD are eligible regardless of age. FHCSC members (as of 1 March 2019) regardless of age are eligible to apply, as well as the dependent children of FHCSC members. Dependent children of FHCSC members and military/DOD must not have celebrated their 26th birthday by 1 March, 2019. Applicants who do not meet the scholarship criteria will not be considered.

Your completed application must be postmarked no later than 1 March 2019. Applications should be mailed to:

FHCSC Scholarships
PO Box 12202
Fort Huachuca, AZ 85670

It is your responsibility to ensure that all items sent under separate cover, such as transcripts, are postmarked by 1 March 2019. Incomplete applications will NOT be considered. Once the completed packet is received, you will receive an e-mail notification stating a COMPLETE status. You will be responsible to confirm the e-mail was received.

All applicants will be notified of the results no later than 30 April 2019. Scholarship recipients will be recognized at a reception in May. The date of the reception will be communicated at the time of notification.

Scholarship monies are for the payment of tuition, fees, books, room and board. If the scholarship monies are not used for these fees before 1 October 2019, you will lose eligibility for a monetary award and the monies will be returned to the FHCSC Scholarship Fund.

Please ensure that your application is accurate, complete, and legible and submitted by the deadline. The FHCSC Scholarship Committee will not consider incomplete or late applications. Should you have any questions regarding this application, please email scholarships@fhcsc.com

Best Regards,

Application Checklist

- 1. A completed application form
- 2. Printed copies of school transcripts for all schools attended since high school.

- 3. Typed essay **not to exceed 400 words**
- 4. Proof of application, acceptance, or attendance from a post-secondary educational program leading to a degree or degree certificate
Must check 5. Or 6. :
- 5. You or your parent or guardian is a member of FHCSC. Child must not have celebrated 26th birthday by 1 March, 2019. Application for FHCSC membership must be attached to hard copy scholarship packets or submitted online and are available at www.fhcsc.com—must be received by FHCSC by 1 March 2019

- *OR*
- 6. Your spouse or parent is U.S. military (active duty, reserve component, National Guard, retired or deceased) or DOD civilian (active, retired, or deceased) and is assigned to or living in the greater Fort Huachuca area. Child must not have celebrated 26th birthday by 1 March, 2019.

It is highly recommended that you maintain a copy of your completed application and all other items on the checklist for your own records.

Applicant Information

| | | | |
|--|----------------------------|--------------------|---|
| Applicant Name | Last | First | Middle |
| Applicant's Home Address | Street | | |
| | City | State | Zip Code |
| Phone Number | () - _____ | | |
| Email Address | _____ @ _____ | | |
| Date of Birth | / / | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | MM/DD/YYYY | | |
| Are you or a parent/guardian an FHCSC member? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Member's Name _____ | | Relationship _____ | |

Sponsor Information

| | | | |
|-------------------------------|--|-------|----------|
| Sponsor's Name | Last | First | Middle |
| Sponsor's Rank | Service Branch _____ | | |
| | <input type="checkbox"/> Active <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Retired <input type="checkbox"/> Deceased | | |
| Unit, Unit Address | _____ | | |
| Duty Station (if Active Duty) | _____ | | |
| Sponsor's Home Address | Street | | |
| | City | State | Zip Code |

I pledge that the information contained in this application form is accurate to the best of my knowledge. Should any information be inaccurate, I understand that I may be disqualified. I also understand that the decision of the Scholarship Committee is final.

Applicant Signature

Date

Academics

List the colleges, universities, or professional programs to which you have applied.

Applications

| Name of College, University or Professional Program | Accepted? | Proof of Application or Acceptance Enclosed? |
|---|--|---|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Application enclosed <input type="checkbox"/> Acceptance enclosed |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Application enclosed <input type="checkbox"/> Acceptance enclosed |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Application enclosed <input type="checkbox"/> Acceptance enclosed |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Application enclosed <input type="checkbox"/> Acceptance enclosed |

What is/will be your major field of study?

List all schools attended since high school.

Schools Attended

| Dates Attended From – To (Month, Year) | School Name | City, State | Degree Obtained |
|---|-------------|-------------|-----------------|
| - | | , | |
| - | | , | |
| - | | , | |
| - | | , | |

Employment

List all employment during the last five years.

Employment

| Dates Employed From – To (Month, Year) | Employer | Position | Hours/Week |
|---|----------|----------|------------|
| - | | | |
| - | | | |
| - | | | |
| - | | | |
| - | | | |

Activities

School-Related Activities

| Dates Involved From – To (Month, Year) | Activity/Organization | Leadership Positions | Awards/Honors |
|--|-----------------------|-------------------------|---------------|
| - | | | |
| - | | | |
| - | | | |
| - | | | |
| Dates Involved From – To (Month, Year) | Activity/Organization | Leadership Positions | Awards/Honors |
| - | | | |
| - | | | |
| - | | | |
| - | | | |

Volunteer/Community Activities

| Dates | Organization | Position | Hours/Week |
|-------|--------------|----------|------------|
| - | | | |
| - | | | |
| - | | | |
| - | | | |
| Dates | Organization | Position | Hours/Week |
| - | | | |
| - | | | |
| - | | | |
| - | | | |
| Dates | Organization | Position | Hours/Week |
| - | | | |
| - | | | |
| - | | | |
| - | | | |

List awards or honors, plus additional information on activities, below:

Please provide any additional information that you feel is pertinent to this application:

Essay

Write an essay on the following topic below. The essay should be typed and **not exceed 400 words**. The essay may be typed on a separate sheet or in the space provided below.

-
1. How are you currently active in your community and what impact has it had on your life?
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