Tracking Number	_
(OFFICE USE ONLY)	

AIRBORNE SCHOLARSHIP ASSOCIATION 2024 SCHOLARSHIP APPLICATION

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
:1 +1	on Completed Application and All Accompanying Information and Documentation Postmarko

Mail the Completed Application and All Accompanying Information and Documentation Postmarked NO LATER THAN 1 April 2024 to:

ASA Selection Committee

E918 Cherneyville RD Luxemburg, WI 54217

Thank You and Good Luck!

AIRBORNE SCHOLARSHIP ASSOCIATION 2024 SCHOLARSHIP APPLICATION

ELIGIBLE XVIII AIRBORNE CO	ORPS UNIT SPONSOR SERVES OR SERVED IN	FROM 11 SEP 2001-CURRENT
Unit Name:	(PLEASE NOTE THE 82ND AIRBORNE IS NOT AN ELIG	IBLE UNIT)
Dates of Service in the Eligib	le 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 S	ponsor:	
SPONSOR INFORMATION		
Name:		
Last	First	Middle
Street Address:		
City:	Sta	ate: ZIP:
Home/ Cell:	Work/ Cell:	
Email:		

AIRBORNE SCHOLARSHIP ASSOCIATION 2024 SCHOLARSHIP APPLICATION

HIGH SCHOOL/COLLEGE/UNIVERSITY INFORMATION

High School:	<u> </u>	Graduation Date:				
College Leve	el you will be enteri	ng in the Fall of 2	024: FR SO	PH	JR SR	_
College you	attend/plan to atte	end:				
Address of s	chool:					
Is this a	an online program?	Yes	No			
Full-tin	ne Student?	Yes	No	of credits	per semester	
Major Field	l of Study:					
List all	High Schools, Univ	ersities, Colleges	and Technical So	chools you	have previously at	tended.
School:						
City:		State:	Dates:	to	Degree:	
School:						
City:		State:	Dates	to	Degree:	
GRADE POII	NT AVERAGE					
HS GPA:	weig	nted / un-weighte	ed (circle one)	Colle	ge GPA:	
SAT/ACT Sco	ores					
SAT	Date		ACT		_Date	
If you intend 1April2024.	retake the SAT or AC	Γ again in the near f	uture the updated	results must	be received by the AS	A NLT
CLASS RANK	KING					
High Schoo	l Rankc	oftotal	students			
N	/A (check here if vo	our school does no	ot rank or you ha	ve been oi	ut of school > 5 vear	·s)

AIRBORNE SCHOLARSHIP ASSOCIATION 2024 SCHOLARSHIP APPLICATION

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

AIRBORNE SCHOLARSHIP ASSOCIATION 2024 SCHOLARSHIP APPLICATION

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.

NATURE OF WORK	DATES OF EMPLOYMENT	HRS/ WEEK
	NATURE OF WORK	

AIRBORNE SCHOLARSHIP ASSOCIATION 2024 SCHOLARSHIP APPLICATION

LIST ANY ADDITIONAL INFORMATION YOU FEEL IS PERTINENT TO THIS APPLICATION

Airborne Sponsor's Signature	SSN	
Applicant's Signature	SSN	Date
STATEMENT OF CERTIFICATION (BOTH SIG I certify the information provided in this applica- understand failure to provide full documentation application. I agree to provide, if requested, off application. In the event, I receive a scholarship immediately return the award to the Airborne Scommittee is final.	ation is accurate and comp on or falsification of creder icial documentation to ver a award and elect not to at	lete to the best of my knowledge. Intials will result in disqualification of this rify information reported on this stend school during the calendar year, I will
What do you see as the greatest threat to		
What do you consider to be the single mo	st important societal pr	oblem? Why?
COMPLETE A TYPED RESPONSE ON A SEPA ESSAY QUESTIONS BELOW.	RATE PAGE(S) NOT TO E	EXCEED 400 WORDS TO <u>ONE</u> OF THE
EXAMPLES: Home schooling, child rearing, t children, aging parents or if you are a single		al family members, special needs

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.

AIRBORNE SCHOLARSHIP ASSOCIATION 2024 SCHOLARSHIP APPLICATION

Reference Evaluation Form

Applicant's Name			
Last	First		Middle
Address			
Street	City	State	Zip
Current School			
What are the applicant's strengths? Comment on tegrity, motivation, community service, work tudent special.	• •		• • • • • • • • • • • • • • • • • • • •
ased upon your contact with the applicant, do	you believe that he/she	e demonstrates tl	ne ability to
erform well and complete college? Yes	•		, ,
low long have you known the applicant?	Are you re	elated? YES	NO
dentify your relationship to the applicant:			
Jame:	Position_		
ignature		Date	

Please return directly to address below post marked no later than 1 April 2024

ASA Selection Committee E918 Cherneyville RD Luxemburg, WI 54217

AIRBORNE SCHOLARSHIP ASSOCIATION 2024 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:		
Phone Number:	Student ID Number: _	
529 College Savings Institution:		
Street address:		
City:	State:	Zip Code:
Phone Number:		
529 Account Number:		