

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

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!

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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 2024: 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 2024.

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 2024

**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: _____