



NAVY WIVES CLUBS OF AMERICA SCHOLARSHIP APPLICATION

*******DUE BY MARCH 31ST!!*******

Make sure to print and complete all eight (8) parts, a total of ten (10) pages.

Page 1 – Applicant Requirements

Page 2 – Transcript Privacy Act Statement/Instructions

Page 3 – Transcript Request Form

Page 4 - Privacy Act Statement

Page 5 – Applicant/Sponsor Information

Page 6 – Military Information

Page 7 – Financial Information

Page 8 – Applicant’s Financial Statement

Page 9 – Activities & Educational Information

Page 10 – Work Experience & Essay

Mail the completed application to:

**Eleanor Hamby
Scholarship Foundation Director
P.O. Box 74
Silver Creek GA 30173-0074**



NWCA SCHOLARSHIP APPLICANT REQUIREMENTS

ELIGIBILITY:

Sons/daughters of **ENLISTED** members of the Navy, Marine Corps, and Coast Guard on active duty, retired with pay, or deceased. **Applicants must have a valid Dependent I.D. Card (United States Uniformed Services Identification & Privilege Card)** . Applicants should show basis of need for financial assistance, have a scholastic standing of at least a 2.5 grade point average (GPA), and be a graduate of an accredited High School or it's equivalent or will qualify for graduation prior to beginning eligibility for assistance.

Four initial awards will be given for freshmen students with continuation not to exceed three more years. Undergraduate students may apply for four upperclassmen awards and any vacancies that occur in the renewal grants. Special scholarships are given to two medical students, one student majoring in special education and four awards to children of NWCA members. A total of thirty (30) grants will be awarded annually.

ADDITIONAL INFORMATION:

Applicants must have applied for admission to an accredited school. They are responsible for ensuring that all requirements are complete, including but not limited to, the High School and College Transcript Request, receipt of the **official school transcript** by the scholarship officers, the Privacy Act Statement sheet, and the **essay** requested in Part VIII. **The application must be signed by the applicant and a parent, stepparent or legal guardian. Applicants must submit a copy (front and back) of a valid Dependent I.D. Card (United States Uniformed Services Identification & Privilege Card).**

Part III: the **Financial Information** on the application must be completed **including the annual amount of tuition, room and board and fees.**

If any requirement is not met or the application is not complete in all sections, the application will be disqualified.

Deadline is March 31st

**MAIL TO: Eleanor Hamby
Scholarship Foundation Director
P.O. Box 74
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HIGH SCHOOL OR COLLEGE TRANSCRIPT REQUEST

PRIVACY ACT STATEMENT

Authority to request this information is derived from 5 United States Code 301, Departmental Regulations. Purpose of the request is to obtain information about academic performance of the applicant and will be used by the scholarship committee to evaluate applicant's academic achievement. Applicant must authorize release of transcript data; failure to do so may result in delay, improper processing, or disqualification of the applicant.

The below named high school or college has my permission to release my official transcript to the scholarship sponsor given below.

(Signature of Student)

INSTRUCTIONS

High School or College officials are requested to complete this form, attach a copy of the student's official transcript, including grades achieved, and forward to the below listed individual.

Transcripts must be received by the scholarship committee on/before **March 31st.**

Send Transcripts to:

Eleanor Hamby
Scholarship Foundation Director
P.O. Box 74
Silver Creek GA 30173-0074

Applicant: Please provide the following information even if given on the transcript:

Applicant Name (Last, First, Middle):		
Applicant Home Address:		

Name and address of high school or college currently attending:		

Applicant date of attendance: From: _____ To: _____		
Cumulative grade point average: _____ (circle current : High School or College)		
College Entrance Test Scores (use CEEB/SAT or ACT scores only)		
CEEB/SAT Verbal: _____	CEEB/SAT Math: _____	Date of test: _____
ACT Composite: _____ Date of test: _____		
Remarks by counselors or teachers that may be beneficial to scholarship committee:		

Printed Name of School Official: _____ Title: _____		
Signature of School Official: _____ Date: _____		

OFFICIAL COPY OF TRANSCRIPT MUST BE ATTACHED

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PRIVACY ACT STATEMENT

Authority to request this information is derived from 5 United States Code 301, Departmental Regulations. The purpose of the information is to apply for educational financial assistance through The Scholarship Foundation of the Navy Wives Clubs of America. Information provided will be used to assess scholastic achievement and to evaluate the need for financial assistance. Completion of this form is mandatory. Failure to provide required information may result in disqualification from participation in this program.

APPLICANT'S NAME: _____

1. The entries on this application form must be **COMPLETE**, **ACCURATE** and **LEGIBLE**. They must be typewritten or printed in blue or black ink.
2. Read all instructions carefully before attempting to answer. Ensure that all answers are accurate. As used in this application form, the term "Sponsor" refers to the parent, stepparent or legal guardian through whose military service your eligibility for this program is claimed.
3. Ensure that the information you enter about your Sponsor describes accurately his or her latest status. For example, if the Sponsor is on active duty, the information must describe his/her current affiliation, status, etc. If he or she is retired or deceased, the affiliation, status, etc., must be that which pertained at the time of his/her retirement or death.
4. Review the form for completeness and all answers for correctness.
5. Sign the application form and ensure that it is also signed by your parent, stepparent, or guardian.
6. Fill in all the blocks. If none or not applicable, so state.

DEADLINE IS MARCH 31st

7. Mail Completed Application to:

Eleanor Hamby
Scholarship Foundation Director
P.O. Box 74
Silver Creek GA 30173-0074

NAVY WIVES CLUBS OF AMERICA SCHOLARSHIP APPLICATION

PART I: APPLICANT INFORMATION

Applicant Name (Last, First, MI): Please Print		Applicant Social Security Number Required:
Applicant Home Address:		Parent Address:
Applicant Email:		Parent Email:
Applicant Home Phone:	Age & Date of Birth:	Parent Home Phone:
Applicant Cell Phone:		Parent Cell Phone:

PART II: SPONSOR INFORMATION

Name of Sponsor (Last, First, MI):	If applicable: Parent's Name & Club#:	
Address of Sponsor (Number & Street, City, State, Zip):		
Last Rank, Rate, or Grade Field:		Enlisted Rating:
Name and Address of Current Duty Station or Reserve Unit:		
Date of Discharge/Retirement:	Number of Years on Active Duty:	If Deceased, Give Date:
Relationship of Sponsor to Applicant:		

MILITARY INFORMATION

You are eligible to apply for the NWCA Scholarship Foundation Program only if your sponsor possesses ENLISTED military service. Information regarding sponsor must accurately reflect current status, or, if retired, the status at the time of retirement or death.

Please circle

A. SPONSOR

L = Living

D = Deceased

B. MILITARY SERVICE AFFILIATION

N = Navy

M = Marine Corps

G = Coast Guard

E. MILITARY STATUS OF SPONSOR

A. Active Duty (Regular or Reserve) currently or at time of death.

R. Retired (Regular, Reserve, Fleet Reserve) currently or at time of death

I = Reserve (not on active duty) currently or at time of retirement or death

Applicants must submit a copy (front and back) of a valid Dependents I.D. card (United States Uniformed Services Identification & Privilege Card).

**NAVY WIVES CLUBS OF AMERICA
SCHOLARSHIP APPLICATION****PART I I I: FINANCIAL INFORMATION**

Name of Head of Household:	
Head of Households Occupation, if other than military service:	Sponsor's Spouse's Name: _____ Sponsor's Spouse's Occupation:
Gross Family Income Earned Last Year (all sources): \$	Net Family Income Last Year (all sources): \$
Anticipated Gross Family Income Earned This Year (all sources): \$	Income Earned From Investments: \$
Savings: \$	Other: \$
Value of All Real Estate: \$	
Outstanding Debts, Including Mortgage (Detail Information i.e., car payments, utilities, loan, credit card, etc.): _____ _____ _____ _____	
Number of Children in Family:	Number of Children in College:
List Annual Amount of Tuition, Room and Board, and Other Fees for <u>EACH</u> College Student: (Use additional sheet of paper if needed) _____ _____ _____	
COLLEGE LEVEL APPLICANT ENTERING:	

APPLICANT'S FINANCIAL STATEMENT
Funds which will be available for full school term (September - June)

Aid From Parent or Guardian (Annual Total): \$

Educational Resources Received/Awarded for Next Year	Veteran's Benefits: \$ _____	Social Security: \$ _____	Applicant's Savings & Income: \$ _____
Other Resources :	Loans & Source: _____ _____ _____ _____	Scholarship & Source: _____ _____ _____ _____	Grants & Source: _____ _____ _____ _____

Total of all funds available for education during year for which application for scholarship is made:
\$ _____

Additional Comments: The applicant or parent may comment briefly on any specific financial circumstances which they desire to bring to the attention of the scholarship committee:

I certify the above information is correct to the best of my knowledge:

Applicant's Signature: _____ **Date:** _____

Signature of Parent or Guardian: _____ **Date:** _____
(either parent may sign)

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PART IV: ADDITIONAL INFORMATION

Use the space below to provide any additional information you feel is pertinent to your application.

PART V: EXTRACURRICULAR ACTIVITIES AND AWARDS (HIGH SCHOOL, COLLEGE & COMMUNITY)

PART VI: EDUCATIONAL INFORMATION

Name and Complete Address of High School(s) attending or graduated from:	Date(s) of Attendance:	Graduation Date:

Name and Complete Address of Colleges Attended:	Date(s) of Attendance:	Graduation Date:
Name and Complete Address of College(s) to Which Applied:		Accepted: YES or NO
What influenced your choice of College(s)?		

PART VII: WORK EXPERIENCE		
Name of Employer:	Dates of Employment:	Job Description:

PART VIII: ESSAY

<p>Type or print neatly in black ink on a separate sheet of paper your <i>career objectives and the reasons you chose these objectives</i>. If this portion of the application is omitted, your application will be automatically disqualified.</p>
