Navy Wives Clubs of America, Inc.
Past National Presidents Members’
Grandchild/Great Grandchild Scholarship
Application

PRIVACY ACT STATEMENT

The purpose of this information is to apply for education financial assistance through the Navy Wives Clubs of America, Inc. 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 a delay in processing the application, and/or disqualification from participation in the Navy Wives Clubs of America, Inc. Scholarship program.

Applicant’s Name:

(last)  (first)  (middle initial)

Completion and submission of application form:

1. The entries on this application form must be completed, accurate and legible. They should be typewritten or printed in black ink.

2. Application is contingent upon acceptance to a college no later than May 1st.

3. Pages 2-5 of this application are to be completed by the applicant. Ensure that all answers are complete and accurate.

4. Page 6 is to be completed by the School Officials of the school you are attending or by School Officials at your most recently attended school (High School or College).

5. Recheck the application for accuracy and be sure to sign the application form.

Mail the Application to

Allison Barnes
National President
8885 Bass Road
Millington TN 38053

DEADLINE FOR RECEIPT OF COMPLETED APPLICATION AND TRANSCRIPTS IS MARCH 31ST

Once the Past National President Member’s Grandchild/Great Grandchild Scholarship has been awarded, all applications will be destroyed.
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SECTION I
PERSONAL INFORMATION

Applicant’s Name (last, first, middle initial)

Applicant’s Address, City, State, Zip

Applicant’s Age on March 31st

Applicant’s Phone Number

Applicant’s Email Address

Name of Grandparent/Great Grandparent

NWCA Club Name and Number Grandparent/Great Grandparent Belongs To
# SECTION II

**APPLICANT’S EDUCATION INFORMATION**

<table>
<thead>
<tr>
<th>Name &amp; Location of High School/GED</th>
<th>Date of Attendance</th>
<th>Graduated</th>
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<thead>
<tr>
<th>Attending or Graduate of:</th>
<th>From (month/year)</th>
<th>To (month/year)</th>
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<thead>
<tr>
<th>Name &amp; Address of College you are now attending or where accepted</th>
<th>Now Attend</th>
<th>Accepted for next semester</th>
<th>Annual Expenses: Tuition &amp; Fees</th>
<th>Other</th>
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(Rev. 11/2022)
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FINANCIAL INFORMATION

Amount available for applicant’s schooling:
- Social Security Income (12 mos.) $___________
- Applicant’s Yearly Savings & Income $___________
- Other $___________ Source____________

Educational Funds received/awarded for next year:
- Veterans Benefits (12 mos.) $___________ Source____________
- Loans $___________ Source____________
- Grants $___________ Source____________
- Scholarships $___________ Source____________
- Other $___________ Source____________

Total FUNDS Available for Education $___________

Gross Income Last Year (all sources) $___________

Anticipated Gross Income this Year $___________

Monthly Expenses: (rent, car payments, credit cards, utilities)

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<tr>
<th>Type</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1)___________________________    $___________</td>
<td>2)___________________________    $___________</td>
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<tr>
<td>3)___________________________    $___________</td>
<td>4)___________________________    $___________</td>
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<th>Type</th>
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<td>5)_____________________        $___________</td>
<td>6)_____________________        $___________</td>
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<tr>
<td>7)_____________________        $___________</td>
<td>8)_____________________        $___________</td>
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Write a brief summary as to why you feel you should be awarded this scholarship and any special circumstances financial or other which you desire to bring to the attention of the committee. (Use back of page or additional sheet if necessary.)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Certification Statement: I DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION IN THIS APPLICATION IS COMPLETE, TRUE AND ACCURATE. IF REQUESTED, I AGREE TO PROVIDE APPROPRIATE DOCUMENTARY EVIDENCE IN SUPPORT OF THIS STATEMENT.

Signature of Applicant ___________________________ Date ___________________________
HIGH SCHOOL OR COLLEGE TRANSCRIPT REQUEST

PRIVACY ACT STATEMENT

The purpose of this request is to obtain information about the academic performance of the applicant, and it will be used by the scholarship sponsoring organization 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 from participation in the Navy Wives Clubs of America, Inc., Past National Presidents Members’ Grandchild/Great Grandchild Scholarship program.

The named high school/college on the following page has my permission to release my official transcript to the National President of Navy Wives Clubs of America, Inc.

_______________________________________   ___________________
Signature of Applicant       Date

High School or college officials are requested to complete the following form. Attach a copy of the student’s OFFICIAL TRANSCRIPT including grades achieved and return to the address below no later than March 31st. Incomplete information on this form, or receipt after March 31st will result in the student's disqualification from scholarship consideration.

MAIL TO: Allison Barnes
National President
8885 Bass Road
Millington TN 38053

(Rev. 11/2022)
HIGH SCHOOL OR COLLEGE TRANSCRIPT REQUEST CONTINUED

STUDENT'S NAME: __________________________________________________________

NAME AND LOCATION OF HIGH SCHOOL OR COLLEGE:
__________________________________________________________

HIGH SCHOOL/COLLEGE ACCREDITED BY: _________________________________

STUDENT'S DATES OF ATTENDANCE: FROM__________ TO______________

CUMULATIVE GRADE POINT AVERAGE (based on a 4.0 scale): _________________

COLLEGE ENTRANCE TEST SCORES (USE CEEB/SAT OR ACT SCORES ONLY)

CEEB/SAT VERBAL: _______ DEEB/SAT MATH: _______ DATE OF TEST: ________

CT COMPOSITE: ___________ DATE: ____________

*HIGH SCHOOL CLASS SIZE: ________  *HIGH SCHOOL CLASS RANK _________

*THESE MUST BE COMPLETED AND MAY BE BASED ON THE MOST RECENT AVAILABLE
INFORMATION, IF FINAL RESULTS ARE NOT COMPLETED. IF RANKS ARE NOT USED,
PERCENTAGES MUST BE ESTIMATED.

OFFICIAL COPY OF TRANSCRIPT MUST BE ATTACHED

STUDENT'S COLLEGE MAJOR: _____________________________________________

NAME OF SCHOOL: _______________________________________________________

TYPED NAME OF SCHOOL OFFICIAL AND TITLE: _____________________________

__________________________________________________________ ________________________
Signature of School Official Date

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