

KEIGAN BAKER MEMORIAL FUND SCHOLARSHIP APPLICATION 2021

1. Applications for SOCOM Athlete Hell Day Weekend events falling in the months of January-June of the year must be submitted by November 1st of the prior year. Applications for events falling in the months of July-December of the year must be submitted by May 1st of the current year. (no exceptions)
2. Refer to criteria below for eligibility requirements
3. Refer to application process below for a list of the supporting documents needed (example: references, PT tests, etc.)
4. If any question does not apply to you in this application please put NA in the space
5. Type or print legibly...illegible applications will be returned to you
6. You will be notified within 4 weeks from the application deadline above regarding the status of your application
7. If you have any questions about the application, selection process or scholarship in general, please contact Masen Baker, President of the **Keigan Baker Memorial Fund**, at KeiganBakerMemorialFund@gmail.com or by phone at 360-957-5016

Purpose: To provide scholarships to deserving individuals seeking additional preparedness training in order to pursue a career in U.S. military special operations forces (SOF).

Scholarship Awards: Scholarships will be awarded to individuals as selected by the Keigan Baker Memorial Fund scholarship committee. Award value will be determined based on the training program selected.

NOTE: Scholarship funds will be awarded to SOCOM Athlete directly upon evidence of registration in an accredited program, as verified by the program's representative.

Application Requirements: Minimum requirements to be met in order for your application to be considered...

1. Applicant must be at least 17 years of age
2. Applicant must be eligible for enlistment in the U.S. military

Application Process: Applicant must submit the following items:

1. Completed application form (if handwritten, please print legibly)
2. Personal statement about your military aspirations and goals; what drives your passion about special operations (included as part of the application form)
3. Reference letters are optional.

Selection Criteria: The Keigan Baker Memorial Fund scholarship committee will determine scholarship recipients based on the following:

1. Performance in areas including, but not limited to, physical ability, individual & team achievement, character-building activities, and service.
2. Evidence of career commitment and drive as presented in the personal statement.
3. Criteria and personal characteristics as defined below...
 - a. *Drive – show of effort and determination toward a goal*
 - b. *Leadership – exhibit the propensity and ability to lead others toward a common outcome*
 - c. *Mentorship – sharing knowledge, experience and wisdom with other individuals who can benefit from the exchange; to enrich another’s career or life journey*
 - d. *Passion – a strong desire and enthusiasm for serving others and/or achieving a goal*
 - e. *Commitment – exhibit dedication to a cause, person or entity*
 - f. *Reliable – doing what you say you’ll do, follow-through*
 - g. *Strength – a show of both physical strength and mental toughness*
 - h. *Unwavering – being steady and resolute*
 - i. *Mindful – exhibit ability to be present in the moment and methodical in your actions*
 - j. *Bold – ability to take risks, leave the comfort zone, be uncomfortable*
 - k. *Confidence – assuredness in yourself...your current and potential abilities*
 - l. *Sincerity – acting honestly and in good faith*

Please email completed application and all supporting documents to KeiganBakerMemorialFund@gmail.com or submit a hardcopy application by mail to Keigan Baker Memorial Fund, Attn: Scholarship Committee, PO Box 881, Longview, WA 98632

SCHOLARSHIP APPLICATION

Please type or print your answers. If application is illegible, it will be returned to you.	
1.	Last Name: <input type="text"/> First Name: <input type="text"/>
2.	Mailing Address. Street: <input type="text"/> City: <input type="text"/> State: <input type="text"/> ZIP: <input type="text"/>
3.	Daytime Telephone Number: <input type="text"/>
4.	Date of Birth. Month: <input type="text"/> Day: <input type="text"/> Year: <input type="text"/>
5.	I am a member of the following SOMCOM Athlete group chat location: <input type="text"/>
6.	I will be entering the following branch of service: (Circle one) Air Force Army Coast Guard Marines Navy
7.	Name & address of parent or legal guardian (if under the age of 18): Name: <input type="text"/> Street: <input type="text"/> City/State/ZIP: <input type="text"/> Contact Phone Number: <input type="text"/>
8.	Name and city of high school attended: <input type="text"/> Number of years attended: <input type="text"/>
9.	Name and city of post-secondary schooling attended: <input type="text"/> Number of years attended: <input type="text"/>

USE ADDITIONAL SHEETS OF PAPER AS NECESSARY TO ANSWER THE FOLLOWING QUESTIONS.

11.	List your academic and/or performance honors, awards, and membership activities while in high school and/or post-secondary schooling that you believe are relevant to your future service goals:
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12.	List your community service activities, hobbies, outside interests, and extracurricular activities:
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13.	List any achievements, team and/or individual, you believe represent your character, mission, passion or otherwise speak to your future career aspirations:
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15.	Personal Statement: What are your military aspirations and goals; what drives your passion about special operations?
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16.	Why do you believe you deserve this scholarship?
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STATEMENT OF ACCURACY

I hereby affirm that the above information is true and correct to the best of my knowledge. I also agree that my picture may be taken and used for any purpose deemed necessary to promote the Keigan Baker Memorial Fund scholarship program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration within an approved SOCOM Athlete training program before scholarship funds can be awarded. Scholarship funds will be paid directly to SOCOM Athlete. All scholarship funds must be reimbursed in full back to the Keigan Baker Memorial Fund should you not attend the scheduled training as committed.

Signature of scholarship applicant:

Date:

Printed Name:

Email Address:

Cell Phone: