



Fort Wood Community Spouses' Club 2025 Spouse/Dependent Scholarship

Strengthen, grow, and serve.



The Fort Wood Community Spouses' Club (FWCSC) is a private, not-for-profit organization. The goal of the scholarship program is to enable families of active duty and retired service members and DOD civilians to begin and/or continue their higher educational goals. There are two scholarship categories: 1) High School Senior and 2) Spouse/Dependent. Please be certain that you complete the correct application.

This scholarship application is for **SPOUSES AND DEPENDENT FAMILY MEMBERS**. The applicant must earnestly plan to seek a bachelor's, associate, or similar degree/diploma from an accredited college, university or vocational technical school. This scholarship is for the applicant who will enroll as a full or part-time student in the fall of 2025. Applicants must **NOT** have received or been awarded scholarships, grants or assistance of the following types:

- "Full scholarship" (defined as a scholarship that covers room and board, tuition, books and other fees).
- Any partial scholarships that, when combined with this scholarship, total more than a "full scholarship" (see above definition) to the applicant's chosen institution.
- Admission to one of the U.S. Military Academies.
- A full, 4-year ROTC Scholarship.
- Selection to study at a nursing institution of a U.S. Military medical center, receiving financial assistance by one of the military services.

Use of the GI Bill does not necessarily disqualify the applicant from eligibility.

The award may be applied towards any college-related expenses, i.e. tuition, fees, books, room and board. If chosen, the applicant will receive a scholarship award certificate at the Scholarship Award Ceremony, in Spring 2025. The FWCSC will issue a check payable to the selected college, university or other accredited program, on the student's behalf.

Selection will be based upon scholastic achievement, demonstrated leadership, citizenship, diversity of interests, and community involvement. The Scholarship Committee makes the selection. Applicants of any race, sex, religion, creed, age, or national origin will be considered. Anonymity is preserved during the selection process to ensure fair competition. **Scholarship Committee members, judges, and their family members are NOT eligible for scholarships during their term of appointment.**

Recipients will receive notification of their selection status in April, and must use or refuse funds by October 31, 2025. Recipients who accept an appointment to a military academy are ineligible to receive a scholarship. If a selectee cannot accept the scholarship, the scholarship committee may award the money to another applicant.

Disclaimer: The Fort Wood Community Spouses' Club reserves the right to increase, decrease, or withdraw any or all awards due to unforeseen circumstances.

*****Incomplete, late, or hand-delivered applications will not be considered.*****

Please direct questions or concerns to the Scholarship Chair:

scholarshipchairfwcsc@gmail.com

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Please read the following requirements carefully. Applicants must meet all four requirements:

1. If currently enrolled in a higher education program, the applicant's current Grade Point Average (GPA) must be 3.0 or better.
2. Applicant must be a legal dependent family member of Armed Forces personnel (active duty, Reserves, National Guard, retired military, surviving spouse and active or retired DOD civilians) working at or affiliated with Fort Leonard Wood through January 1 of the current application year. A surviving spouse meets the "affiliated with Fort Leonard Wood" requirement by obtaining a verification letter from the Fort Leonard Wood's Survivor Outreach Services (SOS) at Army Community Services (ACS).
3. Applicant must be applying or accepted to and/or working toward an associate, undergraduate, graduate degree or certification from an accredited institution of higher education.
4. A minimum of a 3-credit-hour course load is required.

The application packet must include the following materials:

- Completed application.
- A photocopy of the DD1172 form, DD214 form, SF 50 form, or orders for the current duty station. **Please black out SSN.** If these forms do not indicate affiliation with Fort Leonard Wood, please explain affiliation and provide proof of residency in the Fort Leonard Wood area (if applicable) via current utility bill or lease.
- If applicable, official transcripts from the last seven semesters of academic work. Official transcripts are in the original school letterhead envelope. Some schools have a unique distinguishing mark or seal.
- Confirmation of school acceptance, if already enrolled in an accredited institution of higher education.
- An original 500-700 word typewritten, double-spaced essay that responds to **one** of the following prompts:
 - *Many individuals face obstacles in their educational journey. Reflect on any challenges you have encountered and overcome during your academic pursuits. Discuss the strategies you employed to navigate these hurdles and how these experiences have shaped your determination and resilience in pursuing higher education.*
 - *Military families embody a spirit of service. Describe your involvement in community service or leadership roles, both within and outside your school environment. How has your commitment to service enhanced your personal development, and how do you plan to continue contributing to your community while pursuing higher education?*
- Two (2) letters of recommendation in sealed envelopes per instructions on form.
- The use of ChatGPT or any AI tools in scholarship applications will lead to disqualification if our AI checker identifies their application. Applicants are encouraged to submit original work to ensure compliance with our guidelines.
- Volunteer Activity Validation Form(s) and/or Volunteer Management Information System (VMIS) Record.

The completed application and all of the attachments MUST BE RECEIVED no later than 1500 on March 14th, 2025. Please Email all of the required documentation to:

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Application

1. Applicant's Information		
Last Name:	First Name:	MI:
Mailing Address: Street: _____		
City: _____ State: _____ Zip: _____		
Home Phone:	Cell Phone:	
Date of Birth (mm/dd/yy):	Student ID Number (if applicable):	
E-Mail:		
2. Eligibility Requirements – please check one		
Military:		
<input type="checkbox"/>	Active Duty	<input type="checkbox"/>
<input type="checkbox"/>	Reserve / National Guard	<input type="checkbox"/>
<input type="checkbox"/>	POW / MIA	<input type="checkbox"/>
Retired		
Surviving Dependent		
Civilian:		
<input type="checkbox"/>	DOD Employee (active or retired)	
3. Sponsor's Information		
Last Name:	First Name:	MI:
Your relationship to the Sponsor:		
Branch of Service:		
Duty Station or Business Address:		

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4. Signature					
As an applicant I understand the eligibility criteria and conditions for an award outlined in the Scholarship Guidelines. I certify that the information contained in this application is complete and accurate to the best of my knowledge. If awarded a scholarship, I agree to abide by and fulfill all requirements pertaining thereto.					
Applicant Signature: _____ Date: _____					
5. School (currently attending)					
Name of School: _____					
Mailing Address:					
Street: _____					
City: _____ State: _____ Zip: _____					
6. High School/GED Information					
Name of School: _____					
Mailing Address:					
Street: _____					
City: _____ State: _____ Zip: _____					
Date of Completion: _____					
7. Vocational Schools, Colleges/Universities attended (if applicable)					
		Year Began	Year Ended	Year Graduated (if applicable)	Type of Degree (if applicable)
A					
B					
C					
D					
E					
8. Grade Point Average (if currently enrolled)					
GPA (on a 4.0 scale): _____			Are you currently enrolled or enrolling in 3 credit hours or more?		
9. Present or Intended Course of Study:					

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Extracurricular Activities

Please list only activities from the past 5 years. You may use additional pages if necessary, using the format shown.

10. Honors & Awards		Date(s)	
11. Leadership Roles		Date(s)	
12. Community Activities (sports, clubs, etc.)	Year(s)	Average hours/month	Number of months

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13. Volunteer Activities (charities, churches, other organizations)	Year(s)	Average hours/month	Number of months
14. Employment History (include position)	Year(s)	Average hours/week	
15. References Contact Information			

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Letter of Recommendation

All applicants are required to submit two letters of recommendation. Sources for recommendations include teachers or professors (who have taught the applicant within the past 18 months), sports coaches, employers, pastors, scout leaders, community leaders, etc. A recommendation from a family member of the applicant **will not** be considered.

Instructions:

- Fill out the information below.
- Furnish any other information you wish concerning the applicant on a separate sheet of paper. **DO NOT USE THE APPLICANT'S NAME** in your narrative, but rather the word "applicant."
- You may include comments on initiative, attitude, integrity, intellectual curiosity, and any other information you feel is pertinent.
- Return the recommendation to the applicant in a sealed envelope (with signature over the flap).

A.	Applicant's name:	B. How long have you known the applicant?		
C.	What is your relationship?			
D.	How would you rate the applicant on the following?			
		Excellent	Good	Fair
	Moral & ethical character			
	Attitude			
	Competence			
	Judgment			
E.	Would you recommend the applicant for this scholarship? If not, please explain.			
F. Signature				
	Name: _____		Signature: _____	
	Date (mm/dd/yy): _____			

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Volunteer Activity Validation Form

If not registered in VMIS, please use one (1) sheet per organization.

Last Name: _____	First Name: _____		
Mailing Address: Street: _____ City: _____ State: _____ Zip: _____			
Volunteer Activity			
Name and Address of Organization: _____			
Volunteer Position	Hours	Start Date	End Date
<p>We, the undersigned, do hereby verify that the above information is an accurate and truthful representation.</p> <p>_____</p> <p>Student Signature Date</p> <p>_____</p> <p>Printed Name of Supervisor / Volunteer Coordinator</p> <p>_____</p> <p>Email address of Supervisor / Volunteer Coordinator</p> <p>_____</p> <p>Signature of Supervisor or Volunteer Coordinator* Date</p>			

**Supervisor signature is not required, if VMIS record is attached.*

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