Spouses’ Club of Fort Eustis (SCFE)

High School Scholarship Application Packet

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This packet can also be obtained from the SCFE website:

<http://www.scfeva.com/>

**Eligibility Requirements for SCFE High School Scholarships**

1. High School Seniors applying for a Spouses’ Club of Fort Eustis (SCFE) scholarship must have a GPA (as of the 7th semester of high school) of 3.00 or better.

ALSO:

To be eligible to receive a scholarship from the Spouses’ Club of Fort Eustis, the applicant MUST be a dependent child of ONE of the following:

(Please check one)

\_\_\_\_ 1. Active duty/reserve military personnel stationed at Fort Eustis.

\_\_\_\_ 2. Active duty/reserve Army personnel whose family members reside

in the Fort Eustis community. \*

\_\_\_\_3. POW/MIA or deceased Army personnel whose family resides in the Fort Eustis community. \*

\_\_\_\_4. Retired Army personnel residing in the Fort Eustis community. \*

\_\_\_\_5. Valid DOD ID card holder working at Fort Eustis.

\_\_\_\_6. Current member of Spouses’ Club of Fort Eustis.

\*The Fort Eustis community includes the Peninsula, Gloucester, and

Southside.

**Previous winner of an SCFE scholarship are NOT eligible. Eligibility disputes will be decided by the Scholarship Chairperson whose decision is FINAL.**

Spouses’ Club of Fort Eustis High School Scholarship Application Checklist

2018-2019 Academic Year

**COMPLETE APPLICATION PACKETS INCLUDE: (Failure to include any of these items is cause for disqualification).**

1. Complete the Application.
2. Complete the top portion of Transcripts and give to your Guidance Counselor.
3. Pick up the transcript packet prepared by guidance counselor.
4. Complete the Letter of Certification.
5. Complete the Limited Waiver of Privacy.
6. Prepare one self-addressed, stamped envelope
7. Write a 400-500 word, typed essay on:

“How has being a military dependent prepared me to succeed in life?”

**VERY IMPORTANT--** only put your name at the top of your essay paper. Do not include your name ANYWHERE else in the essay.

1. Make a copy of the packet for your records.
2. Mail items 1-7 to:

SCFE

Deidre Patterson, Scholarship Chairperson

P.O. Box 4711

Fort Eustis, VA 23604

Questions can be emailed to: [SCFEScholarship@gmail.com](mailto:SCFEScholarship@gmail.com)

Incomplete applications will not be considered.

Application postmark cutoff date is **March 30, 2019.**

Applications postmarked after March 30, 2019 will be marked “Return to Sender”.

**TRANSCRIPTS**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

last first middle month day year

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank:\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

last first mi

Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Guidance Counselor,

Thank you for the vital role you play in the SCFE scholarship process. Please complete the form below and place in a sealed envelope, along with an official copy of the applicant’s transcript through 7 semesters of high school. Then return the sealed envelope with your signature across the back of it, to the student, so that they may include it in their scholarship application packet.

Name of High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GPA** (based on 7 semesters of high school): \_\_\_\_\_\_\_\_\_\_\_\_

**SAT** \_\_\_\_\_\_\_\_\_\_\_\_ (total Math and Verbal) **OR**  if no SAT is available **ACT**: \_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LETTER OF CERTIFICATION

I certify that the information that I have provided in the attached application is accurate to the best of my knowledge and that the essay is entirely my own effort. I further certify that should I accept the SCFE scholarship, I am not currently, nor will I be, in violation of the following restrictions:

1. All funds received shall be applied toward enrollment (tuition, housing, etc.) expenses or other necessary expenses such as books, supplies or computers. Award checks will be sent to the school of your choice upon receipt of enrollment verification to be credited to your account. If the award exceeds enrollment expenses or other necessary expenses, the remainder must be returned to SCFE Scholarship Chairperson as soon as possible.
2. SCFE Scholarship funds must be used in the 2019-2020 academic year with verification of enrollment postmarked no later than April 10, 2020 or all scholarship monies will be forfeited.

Should I violate any of these restrictions, my parents and I agree to return all scholarship monies to the SCFE.

In accordance with the Privacy Act of 1974, I agree that my signature on this form will authorize the Scholarship Chairperson to release copies of my transcripts, scholarship application, and other data to the Scholarship Committee as needed. Should I be selected to receive a SCFE Scholarship, my signature authorizes the use of select information to be made available for media publications.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIMITED WAIVER PRIVACY

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print/type name), hereby voluntarily release the information contained in this application and the completed forms to the Spouse’s Club of Fort Eustis Scholarship Committee with the understanding that this information will be utilized exclusively for the scholarship selection process. I certify that all information in this application is true and correct to the best of my knowledge. I understand that I will be disqualified if I have falsified any information in this application packet. I agree to adhere to the terms and conditions as set forth herein and will defer to the decision of the Selection Committee. I further agree not to challenge the method, manner or results of the recipient selection process.

Signature of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCFE HIGH SCHOOL SCHOLARSHIP

If you need additional room, please use back of page or an additional piece of paper.

**1. List your community, school and volunteer activities for the past 4 years. DO NOT INCLUDE PAID POSITIONS.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization**  (**and name of person who can verify your volunteer hours)** | **Position** | **Location** (**Fort Bragg, etc.) AND phone # of supervisor** | **Year (s)**  **Month/Year**  **Through**  **Month/Year** | **Hrs/WK** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |

2. List only PAID employment experience. (Past 4 years through current. Only employment during the previous 4 years will be included in evaluation.

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYER**  **(include name of immediate supervisor and phone #)** | **POSITION** | **YEAR(S)** | **HRS/WEEK** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

**3. List any honors, awards, or achievements received over the past 4 years.**

|  |  |
| --- | --- |
| **HONOR, AWARD, OR ACHIEVEMENT** | **YEAR RECEIVED** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |

**4. \*\*\*\*\*ESSAY\*\*\*\*\***

**Attach to this application an essay answering the following question. Please limit to 400-500 words.**

“How has being a military dependent prepared me to succeed in life?”