



Spouses' Club of Fort Eustis
ATTN: Scholarship Committee Chair
P.O. Box 4711
Fort Eustis, VA 23604

2023 High School Scholarship Application Packet

This packet must be completed and the appropriate forms emailed to the Spouses' Club of Fort Eustis Scholarship Chair and received no later than March 31, 2023.

Please EMAIL the completed application to SCFEscholarship@gmail.com. Late applications will not be accepted.

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1. Eligibility for Scholarship
2. Checklist
3. Application
4. Transcripts
5. Letter of Certification
6. Limited Waiver of Privacy

A confirmation email will be sent when a completed application is received.

This packet can also be obtained from the SCFE website:

<https://scfeva.com/scholarships>

Eligibility Requirements for SCFE High School Scholarships

*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.

**To be eligible to receive a scholarship, the applicant MUST be a dependent of a current member of Spouses' Club of Fort Eustis in good standing prior to January 31, 2023. Please provide member affiliation below.

Member name: _____

Member since: _____

Previous winners 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 2023 High School Scholarship Application Checklist

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. Complete the letter of certification
4. Complete the limited waiver of privacy
5. Provide 2 current letters of reference (within 12 months) including name, address, and phone number of the reference
Note: Applications are reviewed ANONYMOUSLY. Therefore, please ask them to put your name at the top of the reference only, then use 3rd person in the body of the reference letter.
6. Write a 400-500 word, typed essay
7. Write 200-250 word, typed short answer

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

8. Make a copy of the packet for your records
9. Email items 1-7 to: SCFEScholarship@gmail.com along with any questions.

Incomplete applications will not be considered.

All parts of the application must be received by March 31, 2023.

Spouses' Club of Fort Eustis
2023 HIGH SCHOOL SCHOLARSHIP APPLICATION

Name: _____
Last First Middle

Date of Birth: _____ Email Address: _____
Day/Month/Year

Address: _____

Phone Number: _____

TRANSCRIPTS

Name of Student: _____ Date of Birth: _____
Last First Middle Day/Month/Year

Address: _____

Home Phone: _____ Email Address: _____

Dear Guidance Counselor,

Thank you for the vital role you play in the SCFE scholarship process. Please complete the form below and email it along with a copy of the applicant's transcript through 7 semesters of high school. Please email both to SCFEscholarship@gmail.com by March 31, 2023.

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 the SCFE Scholarship Chairperson as soon as possible.
2. SCFE Scholarship funds must be used in the 2023-2024 academic year with verification of enrollment postmarked or emailed no later than August 15, 2023 or all scholarship monies will be forfeited.

Should I violate any of these restrictions, my parents/guardians 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/Guardian 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/Guardian:

Date: _____

SCFE HIGH SCHOOL SCHOLARSHIP EXTRACURRICULAR ACTIVITIES

If you need additional room, please attach an additional piece of paper.

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

Organization Name and Location (City, State)	Position	Name and Phone # of Supervisor	Year(s) MM/YY Through MM/YY	Hrs/Wk
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

2. List only PAID employment experience.

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 a 400-500 word essay answering one the following:

What is a super power you would like to have and how would you use it for good?

OR

Discuss a person or experience in your life that has affected you and explain how this will impact you through the future.

5. Short Answer

Attach to this application a 200-250 word short answer to the following question:

What is something you would like us to know about you to help us better understand you as a person?