



Spouses' Club of Fort Eustis

2024 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

April 10, 2024.

Instructions:

- EMAIL the completed application to SCFEscholarship@gmail.com.
- A confirmation email will be sent when a completed application is received.
- Previous winners of an SCFE scholarship are NOT eligible.
- Eligibility disputes will be decided by the Scholarship Chairperson whose decision is FINAL.
- Late applications will not be accepted.
- Incomplete application packets will not be accepted.

Packet Contents

1. Eligibility Requirements
2. Application Packet Checklist
3. Application
4. Transcripts
5. Letter of Certification
6. Limited Waiver of Privacy
7. Extracurricular Activities
8. Essay & Short Answer Questions

This packet can also be obtained from the SCFE website: <https://scfeva.com/scholarships>

Spouses' Club of Fort Eustis

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1. 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, 2024. Please provide member affiliation below.

Member name: _____

Member since: _____

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2. Application Checklist

Completed Application Packets Include:

1. Completed application
2. Completed top portion of transcripts and give to your Guidance Counselor
3. Completed letter of certification
4. Completed limited waiver of privacy
5. Two 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. Typed essay 400-500 words
7. Typed short answer 200-250 words

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

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

Failure to include any required item will disqualify the application from consideration.

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3. Application

Name: _____
Last, First, Middle

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

Address: _____

Phone Number: _____

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4. 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 April 10, 2024.

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: _____

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5. 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 2024-2025 academic year with verification of enrollment postmarked or emailed no later than August 15, 2024 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: _____

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6. Limited Waiver of 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: _____

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7. Extracurricular Activities

- List your community, school, volunteer, and paid positions for the past 4 years.
- If additional room is needed, please attach an additional piece of paper.
- Table 1. volunteer positions
- Table 2. paid positions
- Table 3. honors, awards, or achievements

Table 1.

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.				

Table 2.

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

Table 3.

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

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8. Essay & Short Answer Questions

Essay Question 400-500 words:

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

Short Answer Question 200-250 words:

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