

SPECIAL FORCES ASSOCIATION CHAPTER 0

2025-2026 SFC KEVIN L. DEVORAK MEMORIAL SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name of Applicant: _____

Date of Birth: _____

Phone: _____

Email: _____

Mailing Address

Street: _____

Line 2: _____

City & State: _____

Zip Code: _____

I am a (check all that apply):

- ☐ Child, grandchild, or spouse of a Special Forces soldier who was killed in the line of duty, either in training or in action
- ☐ Child, grandchild, or spouse of a Special Forces Soldier who graduated from a SFUWO Training Course
- ☐ Child, grandchild, or spouse of a Member of SFA Chapter 0
- ☐ Current resident of Monroe County, FL
- ☐ Member of SFA Chapter 0

Current Status

- ☐ High School Senior
- ☐ 1st Year Undergraduate
- ☐ 2nd – 3rd Year Undergraduate
- ☐ Other _____

SCHOOL INFORMATION

Name of University or Institute you will be attending.

Student ID Number _____

Bursar's Office Phone _____

Bursar's Office Mailing Address:

Street _____

Line 2 _____

City & State _____

Zip Code _____

Major or Degree Plan _____

Total Credit Hours Earned (if applicable) _____

SPONSOR INFORMATION

Name _____

Rank / Title _____

Phone _____

Email _____

☐ SFA Member (provide member number) _____

☐ Key West Military Affairs Committee Member

Applicant Signature _____

Date _____