

**APPLICATION FORM**

**2026-2027 SSG BRUCE L. MILLER MEMORIAL SCHOLARSHIP**

**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 an Army Special Operations (ARSOF) Soldier who was killed in the line of duty, either in training or in action
- Child, grandchild, or spouse of an ARSOF Soldier who graduated from a SFUWO Training Course
- Child, grandchild, or spouse of a current Member of SFA Chapter 0
- Current resident of Monroe County, FL
- Current member of SFA Chapter 0

**Student Status**

- High School Senior
- 1<sup>st</sup> Year Undergraduate
- 2<sup>nd</sup> or 3<sup>rd</sup> Year Undergraduate
- Other \_\_\_\_\_

**SCHOOL INFORMATION**

Name of university or institute you will be attending:

\_\_\_\_\_

Major or Degree Plan \_\_\_\_\_

Student ID Number \_\_\_\_\_

Total Credit Hours Earned (if applicable) \_\_\_\_\_

**SPONSOR INFORMATION (if applicable)**

Name \_\_\_\_\_

Rank / Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

SFA Member (provide member number) \_\_\_\_\_

Key West Military Affairs Committee Member

**PAYMENT INFORMATION**

If you are selected for an award and would prefer to have payment made directly to your school, please fill out the following information:

Bursar's Office Phone \_\_\_\_\_

Bursar's Office Mailing Address:

Street \_\_\_\_\_

Line 2 \_\_\_\_\_

City & State \_\_\_\_\_

Zip Code \_\_\_\_\_

**SIGN AND DATE**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_