

Air Force Sergeants Association
and
Airmen Memorial Foundation
Airmen Memorial Building • 5211 Auth Road • Suitland, MD 20746
SCHOLARSHIP APPLICATION

The responses to the questions on this application form will provide information to selection committee members about your background, interests and plans. The information will be used only in connection with your application for the AFSA and AMF scholarship programs. Please type or print all responses. Be honest, neat and complete in your responses. Answer all questions.

A. APPLICANT INFORMATION

Legal Name: _____
LAST FIRST MIDDLE

Home Address: _____ -
ADDRESS CITY STATE ZIP CODE

Telephone Number: (____) _____ - _____ U.S. Citizen: *Yes* *No*

Sex: Male Female Age: _____ Birth date: -- Marital Status: Married or Single
CIRCLE ONE MONTH DAY YEAR CIRCLE ONE

Email Address: _____

Cumulative GPA _____ from school transcripts. SAT I combined score _____.
 ACT combined score _____

B. FAMILY INFORMATION

Sponsoring Parent's Name: _____
LAST FIRST MIDDLE

Home Address: _____ -
If different than yours ADDRESS CITY STATE ZIP CODE

Telephone Number (H): (____) _____ - _____ Telephone Number (W): (____) _____ - _____

Sponsoring Parent's Occupation: _____
LIST ORGANIZATION and POSITION TITLE

Sponsoring Parent's Service Component: USAF AFRC ANG
CIRCLE APPROPRIATE SERVICE COMPONENT

Sponsoring Parent's Dates of Service _____ - _____
FROM TO

Sponsoring Parent's Military Status: Active Retired Veteran If Deceased, Provide Year of Death: _____
CIRCLE APPROPRIATE STATUS

Other Parent's Name: _____
LAST FIRST MIDDLE

Home Address: _____ -
If different than yours ADDRESS CITY STATE ZIP CODE

Telephone Number (H): (____) _____ - _____ Telephone Number (W): (____) _____ - _____

Parent's Occupation: _____ Number of Siblings: _____
LIST ORGANIZATION and POSITION TITLE

Name of Parent or Guardian who supports you (If different than sponsor): _____

Home Address: _____ -
If different than yours ADDRESS CITY STATE ZIP CODE

Telephone Number (H): (____) _____ - _____ Telephone Number (W): (____) _____ - _____

Guardian's Occupation: _____
LIST ORGANIZATION and POSITION TITLE

C. SCHOOLS ATTENDED

IN CHRONOLOGICAL ORDER, LIST SCHOOLS ATTENDED DURING THE LAST FOUR YEARS. INCLUDE SUMMER SCHOOLS or SPECIAL COURSES

NAME OF SCHOOL	CITY and STATE	DATES OF ATTENDANCE

D. FUTURE PLANS

What course of study (Major) do you plan to follow? _____

YOU MAY LIST MORE THAN ONE OR UNDECIDED

Do you plan to go to graduate or professional school after college, trade or technical school? _____

What are your future occupational plans? _____

YOU MAY LIST MORE THAN ONE OR UNDECIDED

Collegiate status as of September: _____ Anticipated graduation date: _____

Address of school's Financial Aid Office: _____

E. YOUR ACTIVITIES AND WORK EXPERIENCE DURING THE LAST FOUR YEARS

LIST SCHOOL ACTIVITIES IN, WHICH YOU PARTICIPATED. IF YOU NEED ADDITIONAL SPACE NOTE IT AS AN ATTACHMENT TITLED "ACTIVITIES"

ACTIVITY	YEARS PARTICIPATED	OFFICES HELD	SPECIAL AWARDS or HONORS

LIST SPORTS IN WHICH YOU PARTICIPATED. IF YOU NEED ADDITIONAL SPACE NOTE IT AS AN ATTACHMENT TITLED "SPORTS"

SPORT	YEARS PARTICIPATED	VARSITY LETTER	EVENT OR POSITION	SPECIAL AWARDS

LIST VOLUNTEER (WITHOUT PAY) COMMUNITY SERVICE ACTIVITIES IN, WHICH YOU PARTICIPATED (Church Work, Hot Lines, Outreach Programs). IF YOU NEED ADDITIONAL SPACE NOTE IT AS AN ATTACHMENT TITLED "COMMUNITY SERVICE"

ACTIVITY	NAME OF ORGANIZATION	YEARS PARTICIPATED	SPECIAL AWARDS

LIST JOBS, INCLUDING SUMMER EMPLOYMENT, YOU HAVE HELD. CHECK "AFTER SCHOOL" OR "SUMMER" OR BOTH AS APPLICABLE.

KIND OF WORK	EMPLOYER	AFTER SCHOOL	SUMMER	DATES OF EMPLOYMENT	WEEKLY HOURS

F. EXPERIENCES

Which of your experiences, academic or other, has given you the greatest satisfaction? Why?

G. READING

What books and significant articles have you read within the last year?

SCHOOL ASSIGNMENTS	PERSONAL READING

Which book or article did you find most interesting? Why? _____

H. FILMS

What films have you seen within the last year?

SCHOOL ASSIGNMENTS	PERSONAL

Which film did you find most interesting? Why? _____

Please review this form thoroughly to ensure you have answered all questions completely, then date and sign it.

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MONTH DAY YEAR

Applicant's Signature and the last four numbers Social Security Account Number/Collegiate Identification Number