


"Sharing is Caring"

Ft. Wood Community Spouses' Club Dependent Continuing Education Scholarship Guidelines 2010

The Fort Wood Community Spouses' Club (FWCSC) is a private organization designed to benefit families of military members, by raising welfare dollars and distributing the funds back into the community. We offer three categories of scholarships. Please make certain to complete the correct application: - 1) High School Senior, - 2) Dependent Continuing Education, - 3) Spouses Continuing Education.

This is a scholarship application for **dependent family members**, *not the spouse*, who are already enrolled in an education program and wish to continue their education. The student must earnestly plan to seek a graduate, bachelor, associate, or similar degree/diploma from an accredited college, university or vocational technical school. This scholarship is for the applicant who will enroll as a full-time or part-time student. Applicants must **NOT** have received or been awarded scholarships, grants or assistance of the following types:

- "Full scholarship" (defined as a scholarship that covers room and board, tuition, books and other fees) or any partial scholarships that when combined with the FWCSC scholarship is equal to or more than a "full scholarship" (see above definition) to the applicant's chosen institution.
- Admission to one of the U.S. Military Academies
- Recipient of a full ROTC Scholarship
- Selection to study at a nursing institution of a Military medical center, receiving financial assistance by one of the military Services.

The award may be applied towards any college-related expenses, i.e. tuition, fees, books, room and board. If chosen, the student will receive a scholarship award certificate at the Scholarship Award Reception. FWCSC will issue a check payable to the selected college or university registrar, on the student's behalf.

Selection will be based upon scholastic achievement, demonstrated leadership, citizenship, motivation, diversity of interest and community involvement. At the applicants' request, financial need may also be considered. A Scholarship Award Committee makes the selection. Applicants of any race, sex, religion, creed, age, or national origin will be considered. Anonymity is preserved during the selection process to ensure fair competition.

Recipients will receive notification of their selection status in April, and must use or refuse funds by October 2010. Recipients who accept an appointment to a military academy are ineligible to receive a FWCSC scholarship. If a selectee cannot accept the scholarship, the scholarship committee may award the money to another applicant.

Please read the following requirements carefully. Applicant must meet all of the four requirements:

1. The applicant's current Grade Point Average (GPA) must be 2.5 or better.
 2. Applicant must be a dependent family member of Armed Forces personnel (active duty, Reserves, National Guard, retired military, and active or retired DA civilians) working at or affiliated with Ft. Leonard Wood (must be a valid Dependent/DOD ID card holder!)
 3. Applicant must be accepted in and working toward an associate, undergraduate or graduate degree.
 4. A minimum of a 3 credit hour course load is required.
- Scholarships may **NOT** be awarded to the same applicant **TWO** years consecutively.
 - Scholarship committee members, judges, and their family members are **NOT** eligible for scholarships during their term of appointment.

The application packet must include the following material:

- Complete application.
- A photocopy, front and back, of applicant's current military ID card, or other validation of eligibility.
- Official transcripts from the last seven semesters of academic work. Official transcripts are sealed in the original school letterhead envelope. Some schools have a unique distinguishing mark or seal. Opened envelopes or broken seals are not official and will not be accepted.
- A 500-700 word typewritten essay – **WHAT DOES SUCCESS MEAN TO YOU? Consider the following: What are your goals, and what do you wish to achieve? What obstacles have you already over come, and what obstacles do you see in the future? How will achieving your goal mean success for you? Last of all why should we pick you?**
- Letter of recommendation
- For Financial Need Consideration please include the separate form included in this application.
- Volunteer Activity Validation Form
- Include one (1) extra copy of your entire application

Packets must be postmarked by March 7, 2010. Mail the completed application with all the attachments in one envelope to:

FWCSC
Scholarship Committee
P.O. Box 238
Ft. Leonard Wood, MO 65473

Disclaimer: The Fort Wood Community Spouses Club reserves the right to increase, decrease, or withdraw any or all awards due to unforeseen circumstances.

*****Incomplete or untimely applications will not be considered*****

Please direct questions or concerns to the Scholarship Chair:
Jeannette Kula

fwcsescholarship@hotmail.com

**Ft. Wood Community Spouses' Club
 Dependent Continuing Education Scholarship Application
 2010**

<i>Please type or print. Illegible applications will be returned.</i>	Control # _____ (for official use only)																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Last Name: _____</td> <td style="width: 30%; padding: 5px;">First Name: _____</td> <td style="width: 30%; padding: 5px;">MI: _____</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Mailing Address: Street: _____</td> </tr> <tr> <td colspan="3" style="padding: 5px;">City: _____ State: _____ Zip: _____</td> </tr> <tr> <td style="padding: 5px;">Home Phone Number: _____</td> <td colspan="2" style="padding: 5px;">Cell Phone Number: _____</td> </tr> <tr> <td style="padding: 5px;">Date of Birth: _____ mm/dd/yy</td> <td colspan="2" style="padding: 5px;">SSN: _____</td> </tr> <tr> <td colspan="3" style="padding: 5px;">E-Mail: _____</td> </tr> </table>	Last Name: _____	First Name: _____	MI: _____	Mailing Address: Street: _____			City: _____ State: _____ Zip: _____			Home Phone Number: _____	Cell Phone Number: _____		Date of Birth: _____ mm/dd/yy	SSN: _____		E-Mail: _____									
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3. Eligibility Requirements – please check one																									
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4. Signature																									
<p>As an applicant I understand the eligibility criteria and conditions for an award outlined in the Scholarship Guidelines. I certify that the information contained in this application is complete and accurate to the best of my knowledge. If awarded a scholarship, I agree to abide by and fulfill all requirements pertaining thereto.</p> <p>Applicant Signature: _____ Date: _____</p>																									

<i>Please type or print. Illegible applications will be returned.</i>		Control # _____				(for official use only)
5.	School (currently attending)					
	Name of School: _____					
	Mailing Address: Street: _____					
	City: _____ State: _____ Zip: _____					
6.	High School/GED Information					
	Name of School: _____					
	Mailing Address: Street: _____					
	City: _____ State: _____ Zip: _____					
	Date of Completion: _____					
7.	Vocational Schools, Colleges/Universities attended (if applicable)	Year Began	Year Ended	Year Graduated (if applicable)	Type of Degree (if applicable)	
	A.					
	B.					
	C.					
	D.					
	E.					
8.	Exam Scores					
	SAT: _____			ACT: _____		
	GPA: _____ (on a 4.0 scale)					
9.	Present Major of Study			Attendance (please check one):		
				Full Time (12 cr. hrs.)		Part Time (min of 3 cr. hrs.)

Extra Curricular Activities

<i>Please list only the activities from the past 5 years. You may use additional paper if necessary, using the format as shown.</i>		
10.	Honors & Awards	Date
11.	Leadership Roles	Date

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12.	Community Activities (sports, clubs, etc.)	Year(s)	Average hours/month	Number of months
13.	Volunteer Activities (charities, churches, other organizations)			
14.	Employment History (include position)	Average Hours/week	Starting Month	Ending Month
15.	FWCSC Membership Affiliation (Is your parent a member of the FWCSC?)	Yes		No

Applicants who wish to have their Financial Need Information considered must provide the following information:

16.	Financial Information	
	Marital Status:	Family Size:
	Combined Family Income (copy of 2008 Federal Tax Return):	Non-taxable income (SSI, Social Security, etc.):

List any situations concerning your financial status of your family you feel are pertinent. These may include, but are not limited to, the following:

- Unusual medical expenses
- Maintenance of separate households
- Dependents other than immediate family members
- Family members with special needs

Please include an explanation (if needed continue on a separate paper):

Please type or print.

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(for official use only)

Letter of Recommendation

All applicants are required to submit a letter of recommendation. Sources for recommendation include teachers or professors (who have been teaching the applicant within the past 18 months), sports coach, employer, pastor, scout leader, community leader, etc. A recommendation from family members of the applicant **will not** be considered.

Instructions:

- Coversheet (with the name of the applicant)
- Fill out the information below
- Furnish any other information you wish concerning the applicant on a separate sheet of paper. **DO NOT USE THE APPLICANT'S NAME** in your narrative, but rather the word "applicant". Please try **not** to use the words "he" or "she" as well; keep the gender neutral
- You may include comments on initiative, attitude, integrity, intellectual curiosity, and any other information you feel is pertinent.

Mail references (**postmarked by March 7, 2010**) to:

FWCSC Scholarship Chair
P.O. Box 238
Ft. Leonard Wood, MO 65473

A.	How long have you known the applicant?			
B.	What is your relationship?			
C.	How would you rate the applicant on the following?			
		Excellent	Good	Fair
	Moral & ethical character			
	Attitude			
	Competence			
	Judgment			
D.	Would you recommend applicant for this scholarship?			

E.	Signature		
	Name _____ (Please type or print)	Signature _____	
		Date _____ (mm/dd/yy)	



Media Information Release

Should I be selected as a scholarship recipient, I give to the Ft. Wood Community Spouses' club, its designees, agents and assigns, permission to use, publish and republish in any form of media, information about me and reproductions of my likeness (photographic or otherwise and my voice, with or without identification of my name.

<i>Name of person photographed, recorded or interviewed</i>	<i>Age (if minor)</i>
<i>Street address, city, state and ZIP code</i>	
<i>Phone number</i>	<i>E-mail</i>
<i>Signature</i>	<i>Date</i>
<p>Consent of parent or legal guardian if above is a minor. I consent and agree, individually and as a parent or legal guardian of the minor named above, to the foregoing terms and provisions.</p>	
<i>Signature</i>	<i>Date</i>
<i>Printed Name/Relationship</i>	
<i>Producer, writer, or photographer</i>	
<i>Event/Location</i>	<i>Image number (if applicable)</i>
<i>Caption Info/Description of photo</i>	

Please type or print.

Control #

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Volunteer Activity Validation Form

Last Name:	First Name:	MI:
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Mailing Address:
Street: _____
City: _____ State: _____ Zip: _____

Volunteer Activity

Name and Address of Organization:

Volunteer Position	Hours	Start Date	End Date

Official Validation

We, the undersigned, do hereby verify that the above information is an accurate and truthful representation.

Student Signature Date

Name of Supervisor or Volunteer Coordinator (**print**)

Signature of Supervisor or Volunteer Coordinator Date