WASHINGTON AFCEA D.C. CHAPTER SCHOLARSHIP APPLICATION

Name of current High School/Community College: _____ Graduation Date: _____

School Address: _____
NUMBER & STREET CITY OR TOWN COUNTY STATE ZIP

SCHOOL ACHIEVEMENT & LEADERSHIP

Please list your school activities, office and awards or honors, include dates if applicable. Examples include clubs, sports, music, student government, theater, competitive teams, awards received, etc. No attachments.

COMMUNITY ACTIVITIES/VOLUNTEER WORK

Please list any club, civic, or church activities with which you have been involved without pay. Include names, dates, locations and leadership positions held. No attachments or extra pages.

WORK EXPERIENCE

List your work experience, whether part-time, vacation or other during the past two years.

WHEN (Mo/Yr)	NAME OF BUSINESS	CITY	YOUR JOB	HOURS/WEEK	MONEY SAVED FOR COMING SCHOOL YEAR

ESTIMATED COST FOR EACH SCHOOL YEAR		EXPECTED FUND SOURCES	
Tuition and Fees	$ _____	*Parent Contribution	$ _____
Books and Supplies	$ _____	*Student Contribution	$ _____
Room and Board	$ _____	Federal:	$ _____
Transportation	$ _____	State:	$ _____
Personal	$ _____	College:	$ _____
Other Costs (explain)	$ _____	Other:	$ _____
TOTAL ESTIMATED COSTS	$ _____	TOTAL EXPECTED FUNDS	$ _____

(Explain unusual costs such as special equipment, costly transportation, etc.)

*Enter what you expect to pay toward college costs. Explain if the parent contribution is low, or if there is no student contribution.

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PERSONAL STATEMENT

Please feel free to write whatever you think is important. If there is any further information, including financial aid, that you think will help the scholarship committee make a decision in your favor, please write it below. We welcome information that will help us to differentiate you from others. No attachments or extra pages.

LETTERS OF RECOMMENDATION

* Please enclose two (2) single page letters or recommendation attesting to your qualifications regarding this scholarship.

EXPECTED FAMILY CONTRIBUTION

Enclose a copy of your Expected Family Contribution **(EFC)** sent from the Department of Education.

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GUIDANCE COUNSELORS

SAT Scores: Combined _____ Read _____ Math _____ Write _____

This candidate ranks _____in a class of _____students and has a cumulative grade point average of _____ on a scale. If precise rank is not available, please indicate rank to the nearest tenth from the top. The rank is weighted _____ unweighted _____

Counselor's name (please print or type): _____
LAST FIRST MIDDLE

Position _____ School: _____

School Address: _____
NUMBER & STREET CITY OR TOWN COUNTY STATE ZIP

Office Telephone: _____ Cell Phone: _____

Email: _____ Fax Number: _____

TESTAMENT

Both you and your school counselor or school official are required to sign below.

THE INFORMATION SUBMITTED IN THIS APPLICATION TO THE BEST OF MY KNOWLEDGE IS TRUE AND CORRECT.

_____
YOUR SIGNATURE DATE

_____
COUNSELOR'S SIGNATURE DATE

RETURN THIS APPLICATION FORM TO:

E.F. Bronson
Washington AFCEA D.C. CHAPTER
P.O. Box 1152
Arlington, VA 22211

STATEMENT BY THE STUDENT

I hereby authorize my educational institution to release to AFCEA Washington Chapter any information pertinent to the requested scholarship, including enrollment status, employment, and current address. I also authorize media announcements of my awards.

_____ _____
SIGNATURE OF STUDENT DATE

_____ _____
FULL NAME (print or type) SOCIAL SECURITY NUMBER

ARMED FORCES COMMUNICATIONS ELECTRONICS ASSOCIATION (AFCEA)
WASHINGTON AFCEA D.C. CHAPTER SCHOLARSHIP APPLICATION

ELIGIBILITY CRITERIA

We give scholarships to selected applicants based on the following:

- ☐ United States Citizen or permanent resident
- ☐ Resident and Student within Metropolitan Washington, C.O.G.
- ☐ High School Senior ($8,000.) or 2nd Year Student in a Two Year Community College ($4,000.)
- ☐ Acceptance to an Accredited College or University in the United States in a 4 Year Degree Granting Full-Time Curriculum
- ☐ **Our fields of study are Computer Science, Engineering, Mathematics, Physics, Chemistry, Integrated Science and Technology and Management Information Systems.**
- ☐ Winners of Full Tuition Scholarships not Eligible

STUDENTS

Please use black ink or type. **No staples** please, paper clips ok.
All narratives in excess of this form will not be recognized by the scholarship committee. Attachments other than those requested will be disregarded. **Resumes will not be accepted.** Your completed application form must be returned with these supporting papers:

- ☐ A copy of your Expected Family Contribution **(EFC)** sent from the Department of Education
- ☐ Two (2) **single page** letters of recommendation (these do not have to be sealed)

Please note: your counselor/advisor must co-sign and date your application. The completed application form with requested supporting papers must be postmarked by April 10, 2010 to:

E.F. Bronson
Washington, D.C. Chapter, AFCEA
P.O. Box 1152
Arlington, VA 22211

COUNSELORS

Please complete the section on page 4 and also sign on page 4. Thank you.
(Application online at **www.afceadc.org/scholarships**)

PERSONAL DATA

Please Type or Print

Legal name: _____
LAST FIRST MIDDLE

Permanent home address: _____
NUMBER & STREET

_____
CITY OR TOWN COUNTY STATE ZIP

If different from the above, please give your mailing address for all correspondence:

Mailing address: _____

Telephone at mailing address: _____ Permanent home telephone: _____

Cell Phone: _____ Email: _____ Fax: _____

U.S. Citizen ☐ Yes ☐ No Permanent Resident ☐ Yes ☐ No Other _____

1st COLLEGE CHOICE

_____ _____
NAME MAJOR

2nd COLLEGE CHOICE

_____ _____
NAME MAJOR