

AOC Dahlgren Scholarship - Application Form



AOC Dahlgren Chapter Scholarship Program 2020 Application Form



I. Applicant Information

1. Name: _____
2. Name of parent/guardian: _____
3. Mailing Address: _____

4. Telephone No.: _____
5. E-mail: _____
6. Present Date: _____
7. Citizenship: _____

II. High Schools Attended *(include name, city, state, dates attended)*

III. Activities

1. List participation or Membership in Academic or Honor societies (i.e. National Honor Society, Beta Club etc.) *(include name of society, membership dates)*

2. List participation in other school activities (i.e. sports, debate club, annual committee etc.) *(include activity name/description, # of years)*

3. List participation in community activities (i.e. church, Red Cross, hospital, etc.) *(include activity name/description, # of years)*

4. List special honors, awards, achievements (i.e. scholastic, academic, and community service) received during high school years. *(include the name of the award, who presented it, and the year)*

5. List Leadership Positions/Offices held. *(include organization, position, and year)*

6. List any other noteworthy achievements to be considered by the Selection Committee.

IV. Work Experience

1. List your work experience during the past three years. *(include time period and average hours/week)*

V. College Applications

1. List colleges to which you have applied for admission. (*include location*)

2. List colleges to which you have been accepted or committed to attend.

3. What is your intended major?

PRIVACY STATEMENT: The personal information requested herein will be used to evaluate the applicant's eligibility for scholarships to be awarded by the AOC Dahlgren Chapter. The information will be maintained by the AOC Dahlgren Chapter and will be released only to individuals who serve on the Chapter's Scholarship Selection Panel. Information will be destroyed after 2 years.

I agree not to contest the AOC Dahlgren Chapter's Scholarship Selection Panel's choice of scholarship winners for the Scholarship Program.

I consent to the AOC Dahlgren Chapter posting my picture and a short biography to their website if I am selected for a scholarship award.

I affirm that all information provided in this application is true and complete to the best of my knowledge and that I have fully read and understand the privacy statement above.

Applicant Name

Signature

Date

Applicant's Parent Name

Signature

Date

(A parent's signature is not required if the applicant is above the age of 18)

AOC Dahlgren Scholarship - Scholastic Standing Form



**AOC Dahlgren Chapter
Scholarship Program**

**2020 Scholastic
Standing Form**



Scholastic Standing Information

To be completed by the school Counselor/Academic Advisor

School: _____

Information Date: _____

Applicant's Name: _____

Grade/Semester: _____

Expected Graduation Date: _____

GPA: _____ (including basis, i.e., 4.0 or 5.0 system)

Class Standing: Upper _____% of total class

Number of students in class: _____

Counselor's Name

Signature

Date

Telephone No.: _____

E-Mail: _____

AOC Dahlgren Scholarship - Sponsor Signature Form



AOC Dahlgren Chapter Scholarship Program

2020 Sponsor Signature Form



Declaration of Sponsorship

To be completed by an active member of the AOC Dahlgren Chapter

I, SPONSOR, an active member of the AOC Dahlgren Chapter, hereby acknowledge that I am sponsoring STUDENT for their application for the AOC Dahlgren Chapter's Scholarship Program. Through this sponsorship, I affirm that STUDENT is a worthy candidate.

Student's Name: _____

Sponsor's Name: _____

Sponsor's Signature: _____

Signature Date: _____