# 149TH FIGHTER WING 2021 CHIEF'S SCHOLARSHIP APPLICATION (Military DEPENDENT)

TYPE or PRINT all information except for signatures. If more space is needed, additional sheet(s) may be used. Do not repeat information already reported on this application form. Application postmark deadline is **20 August 2021**. Applications must be postmarked to the 149th Fighter Wing Chief's Council, or delivered to a 149th Fighter Wing Chief, or directly delivered to CMSgt Juan Flores, 149th Security Forces Group NOTE: **Emailed applications will not accepted.** 

# APPLICANT INFORMATION NAME:\_\_\_\_\_ LAST FIRST MIDDLE PERMANENT MAILING ADDRESS:\_\_\_\_\_ NUMBER STREET APT# CITY STATE ZIP CODE DOB:\_\_\_\_\_LAST FOUR OF SSN:\_\_\_\_ 149TH FIGHTER WING SPONSOR/MEMBER INFORMATION NAME: LAST **FIRST MIDDLE** ORGANIZATION/OFFICE SYMBOL:\_\_\_\_\_ DUTY PHONE:\_\_\_\_\_ SUPERVISOR:\_\_\_\_\_

LAST FOUR OF SSN:\_\_\_\_\_ RELATIONSHIP TO APPLICANT:\_\_\_\_\_

# **HIGH SCHOOL DATA**

SCHOOL NAME:	CITY:
STATE:GRA	DUATION DATE:
	COLLEGE DATA
-	you plan to attend or currently enrolled. (Note: A college must be identified to to apply awarded money in the recipients' name at the identified to lool names, not abbreviations.
COLLEGE/UNIVERSITY NAM	ME:
ENTERING NEXT YEAR AS: Freshman Sophomore Ju	city:
4-YEAR COLLEGE OR UNIV	ERSITY 2-YEAR COMMUNITY OR JUNIOR COLLEGE
OTHER, PLEASE EXPLAIN:	
ANTICIPATED DATE OF GRA	ADUATION:

#### WORK EXPERIENCE

Describe your work experience during the past four years (e.g., food server, baby-sitting, lawn mowing, office work). Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job. (Attach additional sheets, if needed)

Company Name	From: (Mo/Yr) To: (Mo/Yr)	Hrs per Week	Amount Earned

#### **ACTIVIES, AWARDS AND HONORS**

List community activities in which you have participated. List community activies in which you have participated without pay during the last four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Please note all special awards, honors and offices held. (Attach additional sheets, if needed)

Activity	Special Awards or Honors	Office Held	No. of Years

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#### APPLICANT APPRAISAL (REQUIRED)

The following sheet is to be completed by Immediate Supervisor or a college counselor/Instructor. You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant in a sealed envelope.

1.	The applicant's choice of a post-secondary educational program is:  Extremely appropriate Very appropriate Moderately appropriate Inappropriate
2.	The applicant's achievements reflect his/her ability:
	Extremely well Very well Moderately well Not well
3.	The applicant's ability to set realistic and attainable goals is:  Excellent Good Fair Poor
4.	The quality of the applicant's commitment to school and community is:  Excellent Good Fair Poor
5.	The applicant is able to seek, find and use learning resources:  Extremely well Not well Not well
6.	The applicant demonstrates curiosity and initiative:  Extremely well Not well Not well
7.	The applicant demonstrates good problem-solving skills following through and completing tasks:  Extremely well Not well Not well
8.	Applicant's respect for self and others is:
	Excellent Good Fair Poor
	Comments:
	Appraiser's name: Title:
	Phone:
	Signature and date:
	Business address:
	Street City State Zip

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# **ESSAY**

**Subject: Goals and Aspirations** 

Attach a typed **300** word essay (in APA format) relative to your goals and aspirations. Please include any unusual family or personal circumstances that have affected your achievement in school, work experience, participation in school and community activities. In what way has this affected your decisions and your future plans?

### **APPLICATION CHECKLIST**

This application is complete and valid only when you have returned all of the following materials:

- 1. Student Application
- Current complete transcript(s) of grades (including grade scale) to: 149th Fighter Wing Chief's Scholarship Committee CMSgt Albert Salinas 117 Hensley Street, Bldg 917 JBSA-Lackland Texas 78236-0102

#### SELECTION OF RECIPIENT

The 149th Chief's Scholarship Committee (CSC) has the sole responsibility for selecting recipients basing the decision on criteria set forth in the program's description. Decisions of the CSC are final.

## **CERTIFICATION**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information given on this form. Falsification of information may result in termination of any scholarship granted. This application and all attachments become the property of the Chiefs Scholarship Committee. I certify that the applicant is my child/dependent and meets the eligibility requirements set forth in the program brochure.

Applicant's Signature and Date:	
149 FW Member's Signature and Date:	