

# ASF Scholarship Application for the Spouse of an Active Duty Soldier

SEE THE SEPARATE INSTRUCTION SHEET. Please *TYPE* or *PRINT LEGIBLY* all answers.

## MY INFORMATION:

Last Name	First Name	MI	Male/Female	U.S. Citizen Yes/No
Social Security Number	Date of Birth	Age	E-mail Address	
Address	City & State		Zip	Telephone

## MY ACTIVE DUTY SPOUSE'S INFORMATION:

Last Name	First Name	MI	Enlisted Grade
Component: <input type="checkbox"/> Active Army <input type="checkbox"/> Active ARNG <input type="checkbox"/> Active USAR			
Military Unit	Unit Address		

## MY HIGH SCHOOL INFORMATION:

High School Attended	City & State	Year of Graduation/GED	Class Rank/Number in class
SAT Scores: <input type="text"/> / <input type="text"/> / <input type="text"/> or ACT Score: <input type="text"/> High School GPA: <input type="text"/> out of <input type="text"/>			
Reading/Math/Writing		Composite Score	

*For all of the following, use and attach a separate sheet of paper if needed.*

### Scholastic Honors/Distinctions:


### Other Honors/Awards:


### Extracurricular activities in school (e.g., clubs, honor societies, etc.):

#### Volunteer work:


Organization/Office Held


Organization/Office Held

**Academic/Social/Other:**


Organization/Office Held


Organization/Office Held

**Sports:**


Sport/ position held


Sport/ position held

**Extracurricular activities outside of school** (e.g., community, church, social club, scouting, etc.):

**Volunteer work:**

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Organization/Office Held

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Organization/Office Held

**Other:**

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Organization/Office Held

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Organization/Office Held

**MY RECENT EMPLOYERS:**

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Summer Employer                      Year              Hours worked/week

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Summer Employer                      Year              Hours worked/week

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Academic Year Employer              Year              Hours worked/week

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Academic Year Employer              Year              Hours worked/week

**MY HIGHER EDUCATION:**

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College/School you *will* attend in the Fall

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City & State

Zip

--

Full mailing address of this school's financial aid office

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City & State

Telephone

**Expected Enrollment Status:** \_\_\_ Full Time    \_\_\_ Half Time    \_\_\_ Less than half time

**College year you will enter in Fall:** \_\_\_ Fr \_\_\_ So \_\_\_ Jr \_\_\_ Sr    **Field of Study/Major:**

**Anticipated Graduation Date:** \_\_\_\_\_

**College, vocational, or technical school(s) previously attended: (Enclose transcripts for all.)**

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School

City & State

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From

To

GPA

**MY ESTIMATED ACADEMIC YEAR EXPENSES:**

<b>Tuition:</b>	\$
<b>Institutional Fees</b>	\$
<b>Books</b>	\$
<b>On Campus Room &amp; Board</b>	\$
<b>Off Campus Housing</b>	\$
<b>Total</b>	\$

Housing Status: On Campus   
Off Campus

**Anticipated sources of funding:** \_\_employment \_\_grants \_\_student loans \_\_parental assistance \_\_savings

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**MY CURRENT/PRIOR MILITARY SERVICE:**

\_\_ I have no prior service. \_\_ I have prior service. **My DD214 is enclosed.**

\_\_ I am currently serving in the \_\_\_\_\_ (branch of service, component)

**Note:** If you are currently serving, a written statement of service on official letterhead and signed by the Adjutant, Personnel Officer, XO, or CO of the unit or organization **must** be enclosed.

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**MY PRIOR APPLICATIONS:**

Have you previously applied to the Army Scholarship Foundation for a scholarship \_\_\_ **Yes** \_\_\_ **No**

If YES, in what year(s) did you apply? \_\_\_\_\_

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**Explanations/Special Circumstances:** On a separate sheet, submit an explanation of any unusual expenses, such as high medical or dental expenses, other debt, child care, elder care, or special conditions that you believe should be taken into account by the scholarship committee.

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**CERTIFICATION  
(MUST ALSO BE SIGNED BY ACTIVE DUTY SPOUSE)**

All the information provided in this application is true and complete to the best of my knowledge. If selected for an award, I consent to my name and photo being used in ASF press releases, in the annual report, on the ASF web site, or in ASF promotional material.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Active Duty Spouse's Signature

Date:

Applicant's Printed Name

Active Duty Spouse's Printed Name