



NAVY WIVES CLUBS OF AMERICA PAULINE LANGKAMP MEMORIAL SCHOLARSHIP MEMBER'S CHILD SCHOLARSHIP APPLICATION

PRIVACY ACT STATEMENT

The purpose of this information is to apply for education financial assistance through the Navy Wives Clubs of America, Inc. Information provided will be used to assess scholastic achievement and to evaluate the need for financial assistance. Completion of this form is mandatory. Failure to provide required information may result in a delay in processing the application, and/or disqualification from participation in the Navy Wives Clubs of America Scholarship program.

APPLICANT'S NAME:

(Last)

(First)

(Middle initial)

Completion and Submission of Application Form:

1. The entries on this application form **must be complete, accurate and legible**. They should be typewritten or printed in black ink.
2. You **must** be accepted to a college **prior to May 30th**.
3. Pages 2 - 4 of this application are to be **completed by the applicant**. Ensure that all answers are complete and accurate.
4. Page 5 is to be completed by **the School Officials of the school you are attending or your most recently attended school** (High School or College).
5. Recheck the application for accuracy and be sure to **sign** the application form.

Mail the Application to:

**Sheryl Bice
National President
116 Little Bay Avenue
Norfolk, VA 23503-1206**

DEADLINE FOR RECEIPT OF COMPLETED APPLICATION AND TRANSCRIPTS IS MAY 30th



**NAVY WIVES CLUBS OF AMERICA
PAULINE LANGKAMP MEMORIAL SCHOLARSHIP
MEMBER'S CHILD SCHOLARSHIP
APPLICATION**

**SECTION I
PERSONAL INFORMATION**

Applicant's Name (last, first, middle initial)

Applicant's Address, City, State, Zip

Applicant's age on May 30th

Applicant's Phone Number

Applicant's Email Address

Name of Parent and NWCA Club Name and Number they belong to

**SECTION II
APPLICANT'S EDUCATION INFORMATION**

NAME & LOCATION OF HIGH SCHOOL ATTENDING OR GRADUATE OF:	DATE OF ATTENDANCE FROM: TO:	GRADUATED (MONTH/YEAR)		
NAME & LOCATION OF COLLEGES, VOCATIONAL AND/OR BUSINESS SCHOOLS PREVIOUSLY ATTENDED:	FROM: (MONTH/YEAR)	TO: (MONTH/YEAR)		
NAME & ADDRESS OF COLLEGE YOU ARE NOW ATTENDING OR WHERE ACCEPTED:	NOW ATTEND	ACCEPTED FOR NEXT SEMESTER	ANNUAL EXPENSES: TUITION & FEES	OTHER



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FINANCIAL INFORMATION

Amount available for applicant's schooling: \$ _____

Educational Funds received/awarded for next year:

Veterans Benefits (12 mos)	\$ _____	
Social Security (12 mos)	\$ _____	
Applicant's Savings & Income:	\$ _____	
Loans:	\$ _____	Source: _____
Grants:	\$ _____	Source: _____
Scholarships:	\$ _____	Source: _____
Other:	\$ _____	Source: _____

Total FUNDS Available for Education: \$ _____

Gross Income Last Year (All Sources): \$ _____

Anticipated Gross Income this Year: \$ _____

Monthly Expenses: (Rent, Car Payments, Credit Cards, Utilities.)

Type:	Amount:	Type:	Amount:
1.) _____	\$ _____	2.) _____	\$ _____
3.) _____	\$ _____	4.) _____	\$ _____
5.) _____	\$ _____	6.) _____	\$ _____
7.) _____	\$ _____	8.) _____	\$ _____

Write a brief summary as to why you feel you should be awarded this scholarship and any special circumstances (financial or other) which you desire to bring to the attention of the committee. **(Use back of page or additional sheets if necessary.)**

Certification Statement: I DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION IN THIS APPLICATION IS **COMPLETE, TRUE AND ACCURATE**. IF REQUESTED, I AGREE TO PROVIDE APPROPRIATE DOCUMENTARY EVIDENCE IN SUPPORT OF THIS STATEMENT.

Signature of Applicant

Date



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HIGH SCHOOL OR COLLEGE TRANSCRIPT REQUEST

PRIVACY ACT STATEMENT

The purpose of this request is to obtain information about the academic performance of the applicant, and it will be used by the scholarship sponsoring organization to evaluate applicant's academic achievement.

Applicant must authorize release of transcript data; failure to do so may result in delay, improper processing, or disqualification of the applicant from participation in the Navy Wives Clubs of America, Inc., NMCCG Enlisted Dependent Spouse Scholarship program. The below named high school/college has my permission to release my official transcript to the National Vice President of Navy Wives Clubs of America, Inc.

The below named high school/college has my permission to release my official transcript to the National Vice President of Navy Wives Clubs of America, Inc.

Signature of Applicant

High school or college officials are requested to complete this form. Attach a copy of the student's OFFICIAL TRANSCRIPT including grades achieved and return to the address below no later than May 30th. Incomplete information on this form, or receipt after May 30th will result in the student's disqualification from scholarship consideration.

MAIL TO:

**Sheryl Bice
National President
116 Little Bay Avenue
Norfolk, VA 23503-1206**

STUDENT'S NAME: _____

Name & Location of High School or College:

High School/College Accredited by: _____

_____ Student's Dates

of Attendance: From: _____ To: _____

Cumulative Grade Point Average (based on 4.0 scale): _____

**COLLEGE ENTRANCE TEST SCORES
(Use CEEB/SAT or ACT Scores ONLY)**

CEEB/SAT VERBAL: _____ DEEB/SAT MATH: _____

DATE OF TEST: _____ CT COMPOSITE: _____

DATE: _____

* HIGH SCHOOL CLASS SIZE: _____ * HIGH SCHOOL CLASS RANK: _____

* These must be completed and may be based on the most recent information available if final results are not completed. If ranks are not used, percentages must be estimated.

OFFICIAL COPY OF TRANSCRIPT MUST BE ATTACHED

Student's College Major: _____ Name of School: _____

_____ Typed Name of School

Official and Title: _____

Signature: _____ Date: _____