NAVY WIVES CLUBS OF AMERICA, INC.
NAVY, MARINE CORPS, COAST GUARD
ENLISTED DEPENDENT SPOUSE
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:

<table>
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<th>(Last)</th>
<th>(First)</th>
<th>(Middle initial)</th>
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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 2-5 of this application are to be **completed by the applicant**. Ensure that all answers are complete and accurate.

4. Page 6 is to be completed **by the School Officials of the school you are attending or by School Officials at your most recently attended school** (High School or College).

5. Recheck the application for accuracy and be sure to **sign** the application form.

6. Attach a copy (**front & back**) of your **Uniformed Services Identification and Privilege Card** (ID Card) and a copy of your **previous year's Federal Income Tax Return** to your application. If you and your spouse filed separate Federal returns, a copy of your spouse's return **must** also be included.

Mail the Application to:

Amy Roberson
National Vice President
24863 Mason Dale Terrace
Chantilly, VA 20152

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

Revised 11/05
NAVY WIVES CLUBS OF AMERICA, INC.
NAVY, MARINE CORPS, COAST GUARD
ENLISTED DEPENDENT SPOUSE
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 Spouse (last, first, middle initial)

__________________________________________
Spouse's Duty Station or Command Name

SECTION II
APPLICANT'S EDUCATION INFORMATION

Applicant's Academic Level:  (check one)

_____ High School Graduate or currently a high school student expecting to attend college full-time next year.

_____ Currently enrolled in undergraduate college and expect to continue in full-time undergraduate program next year.

_____ College graduate or college senior expecting to be a full-time graduate student next year.

_____ High school graduate or GED Certificate expecting to attend vocational or business school next year.
### SECTION III
APPLICANT’S EDUCATION INFORMATION

<table>
<thead>
<tr>
<th>NAME &amp; LOCATION OF HIGH SCHOOL</th>
<th>DATE OF ATTENDANCE</th>
<th>GRADUATED</th>
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<tr>
<th>ATTENDING OR GRADUATE OF:</th>
<th>FROM: (MONTH/YEAR)</th>
<th>TO: (MONTH/YEAR)</th>
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<tr>
<th>NAME &amp; ADDRESS OF COLLEGE YOU ARE NOW ATTENDING OR WHERE ACCEPTED:</th>
<th>NOW ATTEND</th>
<th>ACCEPTED FOR NEXT SEMESTER</th>
<th>ANNUAL EXPENSES: TUITION &amp; FEES</th>
<th>OTHER</th>
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**NAVY WIVES CLUBS OF AMERICA, INC.**  
**NAVY, MARINE CORPS, COAST GUARD**  
**NMCCG ENLISTED DEPENDENT SPOUSE SCHOLARSHIP APPLICATION**

**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.)

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<td>7.) __________________</td>
<td>$_______</td>
<td>8.) __________________</td>
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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: ___________________________
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:

Amy Roberson
National Vice President
24863 Mason Dale Terrace
Chantilly, VA 20152
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: __________