



Navy Wives Clubs of America, Inc.
dba Military Families Worldwide
Pauline Langkamp Memorial
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. dba Military Families Worldwide. 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, Inc. dba Military Families Worldwide Scholarship program.

Applicant's Name:

(last) **(first)** **(middle initial)**

Completion and submission of application form:

1. The entries on this application form **must be completed, accurate and legible.** They should be typewritten or printed in black ink.
2. Application is contingent upon acceptance to a college no later than May 1st.
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.

Mail the Application to

**Allison Barnes
National President
8885 Bass Road
Millington TN 38053**

DEADLINE FOR RECEIPT OF COMPLETED APPLICATION AND TRANSCRIPTS IS MARCH 31ST

Once the Pauline Langkamp Memorial Member's Scholarship has been awarded, all applications will be destroyed.



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SECTION I
PERSONAL INFORMATION

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

Applicant's Address, City, State, Zip

Applicant's Age on March 31st

Applicant's Phone Number

Applicant's Email Address

Name of Parent

NWCA Club Name and Number Parent Belongs To



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SECTION II
APPLICANT'S EDUCATION INFORMATION

Name & Location of High School/GED	Date of Attendance	Graduated

Attending or Graduate of:	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:

Social Security Income (12 mos) \$ _____
 Applicant's Yearly Savings & Income \$ _____
 Other \$ _____ Source _____

Educational Funds received/awarded for next year:

Veterans Benefits (12 mos) \$ _____
 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) _____	\$ _____	5) _____	\$ _____
2) _____	\$ _____	6) _____	\$ _____
3) _____	\$ _____	7) _____ 8)	\$ _____
4) _____	\$ _____	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 sheet 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., dba Military Families Worldwide, Pauline Langkamp Memorial Scholarship program. The named high school/college on the following page has my permission to release my official transcript to the National Vice President of Navy Wives Clubs of America, Inc., dba Military Families Worldwide.

The named high school/college on the following page has my permission to release my official transcript to the National Vice President of Navy Wives Clubs of America, Inc., dba Military Families Worldwide.

Signature of Applicant

Date

High School or college officials are requested to complete the following form. Attach a copy of the student's OFFICIAL TRANSCRIPT including grades achieved and return to the address below no later than March 31st. Incomplete information on this form, or receipt after March 31st will result in the student's disqualification from scholarship consideration.

MAIL TO:

**Allison Barnes
National President
8885 Bass Road
Millington TN 3805**



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HIGH SCHOOL OR COLLEGE TRANSCRIPT REQUEST CONTINUED

STUDENT'S NAME: _____

NAME AND LOCATION OF HIGH SCHOOL OR COLLEGE:

HIGH SCHOOL/COLLEGE ACCREDITED BY: _____

STUDENT'S DATES OF ATTENDANCE: FROM _____ TO _____

CUMULATIVE GRADE POINT AVERAGE (based on a 4.0 scale): _____

**COLLEGE ENTRANCE TEST SCORES
(USE CEEB/SAT OR ACT SCORES ONLY)**

CEEBS/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 AVAILABLE
INFORMANTION, IF FINAL RESULTS ARE NOT COMPLETED. IF RANKS ARE NOT USED,
PERCENTAGES MUST BE ESTIMATED.**

OFFICAL COPY OF TRANSCRIPT MUST BE ATTACHED

STUDENT'S COLLEGE MAJOR: _____

NAME OF SCHOOL: _____

TYPED NAME OF SCHOOL OFFICIAL AND TITLE: _____

Signature of School Official

Date