**2019 Spouse Scholarship**

**Application Packet**

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**Sponsored by:**

**The Nellis Area Spouses’ Club Charitable Association**

**nellisascscholarships@gmail.com**

**NELLIS AREA SPOUSES’ CLUB CHARITABLE ASSOCIATION**

**2019 SPOUSE SCHOLARSHIP AWARDS**

The Nellis Area Spouses’ Club Charitable Association (NASCCA) annually sponsors scholarships for dependent spouse students who exhibit the potential and desire to complete a program leading to a college degree, (under graduate, graduate, or certification license). Financial support for these awards is provided by the Nellis Thrift Shop and other charitable activities associated with the NASCCA.

If additional award money is allocated, it may be distributed at the discretion of the Scholarship Committee using the eligibility and selection criteria listed below. All awards may not be given if candidates do not meet eligibility and selection criteria. If there are two or more equally qualified applicants for any scholarship, the award will be divided equally among the applicants.

**ELIGIBILITY:** At the time the scholarship application is due, the dependent spouse must possess a high school diploma or equivalent, have a valid military ID card, be of good character, and be a dependent spouse of one of the following:

1) Active duty military personnel stationed in southern Nevada;

2) Active duty personnel, deployed or remote, whose family/dependent reside in southern Nevada;

3) POW/MIA or deceased military personnel whose family/dependent resides in southern Nevada; or

4) Retired personnel residing in southern Nevada

The Scholarship Committee shall determine eligibility. A separate/independent review committee is the final determining body for awarded scholarships.

**SELECTION CRITERIA:**

1. Academic Record (must possess a 2.5 GPA minimum/Progress towards Degree/Academic

Awards/Honors)

1. Extracurricular activities (school—including honors and awards received, church, civic, community, employment, etc.)
2. Essay
3. Two References

**SPOUSES’ SCHOLARSHIP APPLICATION CHECKLIST**

**All applications must be postmarked NO LATER THAN Monday, March 11th. For more information contact nellisascscholarships@gmail.com. Mail completed application to:**

**NASCCA SPOUSE Scholarship Awards**

**Scholarship Committee**

**P.O. Box 9785**

**Nellis AFB NV 89191**

**Use this checklist as you complete your application packet to include:**

\_\_\_1. Completed Personal Data Sheet

\_\_\_2. Transcripts (official copies) from college or high school (Official copies are required for payment). Plan accordingly if you attend online education programs. Note: Official copies may be returned to you in May 2019, upon request. If you wish to have transcripts returned, please include a self-addressed and stamped envelope.

\_\_\_3. High School Diploma or GED (if highest degree earned).

\_\_\_4. Completed Activity Data Sheet (applicant may handwrite information on the form provided or submit a similarly formatted typewritten page and attach it to the original Activity Data Sheet).

\_\_\_5. Two (2) completed recommendations. Recommendation pages are provided for you on **pages 6 and 7** of the application packet. Both references should be an employer or anyone you have contact with on a regular basis, i.e. someone who knows you and can attest to your character. Give a copy of the form to both references and ask them to return it to you in a SEALED envelope. These recommendations should not refer to the applicant’s name or gender (like he/she, him/her). Instead use “this candidate,” “this applicant,” “this individual,” etc. This protects your identification and ensures fairness during judging. References **must** be included with your completed application. **NO PARENTS OR SPOUSES**

\_\_\_6. Category of Application

\_\_\_7. Essay

\_\_\_8. Certification Page

\_\_\_9. Mail package to: **Name and Address Cited Above**

**(KEEP THIS PAGE FOR YOUR RECORDS)**

**NELLIS AREA SPOUSES’ CLUB CHARITABLE ASSOCIATION**

**2019 SPOUSE SCHOLARSHIP AWARDS**

**PERSONAL DATA SHEET**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST 4 OF SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPONSOR’S ELIGIBILITY CATEGORY: (CIRCLE ONE) Active Duty Deceased

Retired POW/MIA

SPONSOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPONSOR’S RANK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUTY STATION: (CIRCLE ONE) Nellis Creech Other N/A

DUTY PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable)

**(All above information must be completed in full for consideration)**

LIST COLLEGES OR UNIVERSITIES YOU APPLIED TO, PLAN TO APPLY TO, OR ARE ALREADY ATTENDING: (Indicate if accepted)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPOUSE APPLICATION ACTIVITY DATA**

Please detail your employment/volunteer activities from the past two years to include:

1. Any clubs, activities, organizations, sports, etc.; you were/are involved with. Please

specify if you held a leadership position. For example: Troop/Den Leader, Coach, etc.

2. Each community/volunteer/church activity. Specify if you held a leadership position.

3. Honors/academic awards/recognitions received.

Use additional pages if needed, using the same format. **10 Activities Max**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity, Job,  Award, Honors,  Organization | Number of  Months/  Years  Involved | Paid or  Volunteer | Total  Hours  Per Mo | Description of Activity, Job, Award, Honor,  or Organization. Please include name  and phone number of employers |
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Applicant’s last 4 of social: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NELLIS AREA SPOUSES’ CLUB CHARITABLE ASSOCIATION**

**2019 Spouse Scholarship Application**

**Reference Form 1**

**N/A 0 1 2 3**

Not Observed Never Sometimes Often Always

\_\_\_\_\_1. Is polite and courteous

\_\_\_\_\_2. Possesses good decision-making skills

\_\_\_\_\_3. Handles difficult situations well

\_\_\_\_\_4. Demonstrates appropriate time management (Example: turns in complete assignments promptly)

\_\_\_\_\_5. Maintains good peer relationships

\_\_\_\_\_6. Accepts responsibility and follows through

\_\_\_\_\_7. Demonstrates integrity

\_\_\_\_\_8. Is self-motivated

\_\_\_\_\_9. Perseveres through commitment, regardless of difficulty.

Please refrain from using applicant’s name in recommendation. This recommendation should not refer to the applicant’s name or gender (like he/she, him/her). Instead use “this candidate,” “this applicant,” “this individual.” etc. This protects their identification and ensures fairness during judging.

Please give your assessment of this applicant’s potential for success in college. Indicate how long and in what capacity you have known the applicant. You may use the space provided OR attach a separate piece of paper to this form.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant’s first and last name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Name and Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time

***Writer: Please return recommendation form in a sealed envelope to the applicant so that they may mail it with their completed application. Thank you.***

**NELLIS AREA SPOUSES’ CLUB CHARITABLE ASSOCIATION**

**2019 Spouse Scholarship Application**

**Reference Form 2**

**N/A 0 1 2 3**

Not Observed Never Sometimes Often Always

\_\_\_\_\_1. Is polite and courteous

\_\_\_\_\_2. Possesses good decision-making skills

\_\_\_\_\_3. Handles difficult situations well

\_\_\_\_\_4. Demonstrates appropriate time management (Example: turns in complete assignments promptly)

\_\_\_\_\_5. Maintains good peer relationships

\_\_\_\_\_6. Accepts responsibility and follows through

\_\_\_\_\_7. Demonstrates integrity

\_\_\_\_\_8. Is self-motivated

\_\_\_\_\_9. Perseveres through commitment, regardless of difficulty.

Please refrain from using applicant’s name. This recommendation should not refer to the applicant’s name or gender (like he/she, him/her). Instead use “this candidate,” “this applicant,” “this individual.” etc. This protects their identification and ensures fairness during judging.

Please give your assessment of this applicant’s potential for success in college. Indicate how long and in what capacity you have known the applicant. You may use the space provided OR attach a separate piece of paper to this form.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant’s first and last name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Name and Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time

***Writer: Please return recommendation form in a sealed envelope to the applicant so that they may mail it with their completed application. Thank you.***

**NELLIS AREA SPOUSES’ CLUB CHARITABLE ASSOCIATION**

**2019 SPOUSE SCHOLARSHIP AWARDS**

**CATEGORY OF APPLICATION**

**A) Undergraduate \_\_\_\_\_ B) Graduate \_\_\_\_\_ C) Certified License \_\_\_\_\_**

High School Diploma or GED (date received and institution name) and GPA:

If submitting a GED, we must have proof of GPA. Current college courses are acceptable only if completed and grades have been assigned.

Associate Degree/Baccalaureate Degree (date received and institution name, if applicable) and GPA:

Current College Enrollment (dates attended and institution name, if applicable) and GPA:

Total semester hours completed (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major course of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT ESSAY:**

Please attach separately a typed written essay of maximum of 500 words in length answering the following question:

**Describe an education experience that influenced you or changed how you see the world.**

The essay must be **double spaced** and typed using **Times New Roman 12pt font**. **Please include word count at top of essay.** As you prepare your essay, please do not use your name, school, or position, so that it may be evaluated objectively. **Please place the last four of your social at the bottom of the page** for identification purposes. Without the number, your essay is not identifiable.

**NELLIS AREA SPOUSES’ CLUB CHARITABLE ASSOCIATION**

**2019 SPOUSE SCHOLARSHIP AWARDS**

**Certification**

I certify that the information in the application and activity data sheet is accurate to the best of my knowledge, and my essay is entirely my own effort. I further certify that I am a dependent military spouse in possession of a valid military ID in my name, and I meet all other Nellis Area Spouses’ Club Charitable Association (NASCCA) Scholarship Award eligibility requirements. Should I accept a NASCCA Scholarship Award, I acknowledge that the following restrictions apply:

1. All funds received will be applied to tuition, books, and/or academic fees at a regionally accredited college or university. Award checks will be sent to the financial aid office at the school of your choice upon receipt of enrollment verification of fulltime or part time status and distributed by the financial aid office, as needed. The award, when combined with other scholarships, may not exceed the costs of tuition, books, and academic fees. If this occurs, the balance must be returned to the NASCCA Scholarship Committee as soon as possible. Students accepting service academy appointments or full scholarships (tuition, books, and fees) are not eligible to receive an NASCCA Scholarship Award. If the NASCCA Spouse Scholarship Award recipient later leaves school and is entitled to any refund of tuition or fees, he or she must notify the NASCCA.
2. NASC Spouse Scholarship Award funds must be used within the 2019–2020 school year. The Scholarship Committee may consider exceptions on an individual basis.

3) Official copies of transcripts must be provided prior to payment.

Should I accept a NASCCA Spouse Scholarship Award and violate any of these restrictions, or if I failed to meet the academic institutions eligibility requirements at the time the application was due, my spouse and I agree to return all award moneys to the NASCCA. Relinquished scholarship moneys will be dispersed at the discretion of the Scholarship Committee.

In accordance with the Privacy Act of 1974, I agree that my signature on this form will authorize the Scholarship Chairperson to release copies of my transcripts, scholarship application, social security number, and other auxiliary data to the Scholarship Committee, as needed.

**Scholarship must be used between August 2019 and June 2020.**

**APPLICANT’S NAME (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FULL SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPONSOR’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Waived if Sponsor is deployed or deceased – please indicate on signature line)**

***Please review your application prior to mailing.***

***Only fully completed applications will be accepted by the NASCCA. Good Luck!***