

WEST VOLUSIA MOAA CHAPTER

POC: Pamela B Ring, MAJ, USAR (RET)

c/o LtCol Twila Davis 3355 Tesoro Cir ♦ New Smyrna Beach, FL 32168

BACKGROUND

The West Volusia MOAA Chapter (WVMC) offers two annual scholarships to eligible Seniors of a West Volusia High School (DeLand, Deltona, Pine Ridge, University or Taylor).

SCHOLARSHIP APPLICATION

CRITERIA:

GENERAL INFORMATION: The WVMC awards two annual \$1000.00 scholarships to a JROTC Cadet and/or a child of a military veteran who is accepted at an institution of higher learning: 2-4 year College, Trade or Technical School.

ELIGIBILITY: Applicants must be a Graduating Senior of one (1) of the five (5) High Schools in West Volusia County.

SELECTION CRITERIA: Applicants must be recommended by the Senior Military Instructor (SMI) of their JROTC Unit, or the School Guidance Counselor. Applicants must submit a current official transcript and ACT/SAT scores as attachments, a short summary of why the applicant feels they deserve this scholarship, and a written short bio of the applicant's accomplishments.

REQUIREMENT: The application must be completed in its entirety, to include attachments to be considered.

DEADLINE: All applications must be submitted and received no later than 15 APRIL of the applicant's senior year. Mail the completed application to the above address, Attention: Scholarship Selection Committee.

ANNOUNCEMENT OF SELECTEE: WVMC announces the selectee at the respective school's "Scholarship Awards Ceremony" or the "JROTC Awards Ceremony" toward the end of the school year.

AWARD PRESENTATION: The funds will be released to the selectee upon presentation of proof of enrollment in an institution of higher learning i.e. college or trade school.

PRIVACY: WVMC and members of the Scholarship Selection Committee warrant that all information provided by the applicant shall be used only for the purpose of consideration of the application, and for no other purpose.

APPLICANT INFORMATION

NAME OF APPLICANT _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

TELEPHONE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER (Last four digits ONLY): XXX-XX- _____

JROTC UNIT (if applicable): _____

CERTIFICATION & RELEASE OF INFORMATION : By my signature hereon I certify that all information provided in connection with this application is complete, true, and correct to the best of my knowledge and belief; and I authorize the verification of such information by the WVMC to such extent as that organization may consider appropriate; and I further authorize the release of such information by the authorities at the school in which I am currently enrolled.

Applicant

Signature: _____

DATE: _____

SMI or Counselor CERTIFICATION: By my signature hereon I certify that all information provided in connection with this application is complete, true, correct to the best of my knowledge and belief; and I endorse the above-named student with my personal recommendation that he/she be considered as the recipient of the aforementioned scholarship.

Signature: _____

DATE: _____