

APPLICANT INFORMATION

CATEGORY: H.S. Senior Continuing Education Military Spouse

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CONTACT EMAIL _____

NAME OF CBSC MEMBER OR QUALIFYING SERVICE MEMBER AND RELATIONSHIP TO YOU:

FIRST COMMAND / CARROLL H. PAYNE SCHOLARSHIP

All applicants will be considered for the \$1,000 scholarship offered by first Command Educational Foundation. If selected, one of the requirements is that the recipient will be asked to take a 30-minute online financial course. If you wish to opt out of consideration, please check the box below.

I wish to OPT OUT of the First Command/ Carroll H. Payne Scholarship

PRIVACY ACT STATEMENT

Under authority of U.S. Title 10, Section 3012, the enclosed personal information will be maintained by the CBSC Scholarship Committee for administrative use and released only to the individuals needed to evaluate the application. The disclosure of the information is voluntary; however, failure to disclose all or part of the requested information may hinder evaluation of the application.

I certify that the information in this application is true and correct to the best of my knowledge. I understand that I WILL be disqualified if I have KNOWINGLY included false information in this application. I agree to abide by the conditions of the CBSC and accept the decision of the CBSC as final. I acknowledge that scholarship money can only be used for tuition, room and board, and other academic expenses and fees.

APPLICANT'S SIGNATURE _____

DATE:

SCHOOLS. List any schools you have applied and/or been accepted to.

School	State

The mission of the CBSC is to develop a spirit of community responsibility. In 100 words or less, please describe someone you know who exemplifies this ideal.

ADDITIONAL INFORMATION / UNUSUAL CIRCUMSTANCES

Please note any additional hobbies, interests, or activities not covered above that you would like the committee to consider. You may also write about any unusual circumstances that have affected your achievement and/or participation in school or community activities. For example: illness, learning disabilities, loss of a family member, etc. Please limit this to 150-200 words or less.