



## First Command Educational Foundation Scholarship Program

Please provide the required information accurately and completely. Failure to provide accurate and complete information will result in possible disqualification from the selection process.

**Applicant Information- To Be Completed By Applicant**

Applicant's Full Name: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_  
*Street City State Zip Code*

Email Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Military Member/Dependent  High School Student  Current College/Trade Student  Other

Present Station and Address (military only): \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Email Address: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Email Address: \_\_\_\_\_

**School Information**

Name of High School and Graduation Date: \_\_\_\_\_

Number of students in graduation class: \_\_\_\_\_ Your rank: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ [ ] ACT [ ] SAT Score: \_\_\_\_\_ (If applicable)

If Enrolled Post-High School, Name of School \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Grade Point Average: \_\_\_\_\_ Class Standing: \_\_\_\_\_ (Sophomore, Junior)

Other Schools Attended and/or Degrees Received \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School(s) to Which YOU Have Applied or Plan to Apply**

(Indicate if already accepted)

\_\_\_\_\_ Accepted [ ] Yes [ ] No

\_\_\_\_\_ Accepted [ ] Yes [ ] No

**Career Interest(s), Field of Study, and Why:** Discuss your academic plans and areas of interest.

(Answer limited to space provided below)

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

**Academic Achievement:** Discuss grades, level of course work, test scores, and exceptional skills in specific fields. (Answer limited to space provided below)

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



**Certification Section**

I certify that all information provided as part of this application is true and correct to the best of my knowledge. I give my consent to the sponsoring organization considering this application to use the information provided herein for the purpose of scholarship consideration.

I also agree that, in the event I am awarded this scholarship, First Command Educational Foundation (FCEF) has permission to use my name, picture, and scholarship award information in FCEF publications and promotions.

**I further certify that I am not related to (or am not an immediate family member by marriage) or employed by any First Command Financial Planning, their employees, FCEF, or the FCEF Board of Directors.**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Name of Guardian: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\* (Notes: Required if student is age 18 or below. Alabama and Nebraska residents: required if student is age 19 or below. Mississippi residents: required if student is age 21 or below.)*

**Be Completed by Selection Committee Chairperson**  
**\*\*Please return this page the First Command Educational Foundation**

Name of Sponsoring Club or Organization: \_\_\_\_\_

Members of Selection Committee:

- |          |          |
|----------|----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ |          |

Scholarship was: \_\_\_ needs based \_\_\_ merit based \_\_\_ combination of both

Signature of Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_