

APPLICATION FOR ACTIVE DUTY SOLDIER OR SPOUSE SCHOLARSHIP
FOUNDATION OF THE 1ST CAVALRY DIVISION ASSOCIATION

SPONSOR'S INFORMATION

SPONSORS NAME: _____ RANK: _____ SSN: _____

HOME ADDRESS: _____

HOME : _____ CELL PHONE: _____ E-MAIL: _____

ASSIGNED UNIT: _____ DUTY PHONE: _____ ETS/PCS DATE: _____

TOTAL DEPENDENTS: _____ ARE YOU A MEMBER OF THE 1ST CAVALRY DIVISION ASSOCIATION: Yes No

STUDENT'S INFORMATION

NAME: _____ SSN: _____ PHONE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

HAVE YOU PREVIOUSLY BEEN AWARDED A SCHOLARSHIP FROM THE FOUNDATION OF THE 1ST CAVALRY DIVISION ASSOCIATION? Yes / No HOW MUCH? _____

TOTAL FAMILY INCOME: _____ HAVE YOU APPLIED FOR OTHER FINANCIAL AID? Yes No

DO YOU RECEIVE BENEFITS UNDER THE G.I. BILL? Yes No

MY ACADEMIC GOALS ARE :

I THINK I SHOULD BE AWARDED THIS GRANT BECAUSE :

EXTRA CIRRICULAR ACTIVITIES:

SCHOLASTIC HONORS/DISTINCTIONS RECEIVED:

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SCHOOL'S INFORMATION

COLLEGE CURRENTLY ATTENDING: _____

SCHOOLS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

COURSE OF STUDY: _____

ENROLLMENT DATE: _____ LENGTH OF CURRICULUM: _____

ADDRESS TO SEND SCHOLARSHIP CHECK TO:

CITY: _____ STATE: _____ ZIP CODE: _____

CERTIFICATION

I UNDERSTAND:

1. That submission of application does not assure that a scholarship grant will be awarded.
2. That proof of relationship must be provided for the spouse applicants.
3. That the Certification of Institutional Authority (1CDA FORM 10) must be completed for EACH course to be taken during the current school year and VALIDATED BY AN APPROPRIATE REPRESENTATIVE OF THE EDUCATIONAL INSTITUTION. Include the address to which the grant check will be sent for this application to be considered by the Scholarship Selection Board.
4. That any scholarship grant awarded assumes that I (my Sponsor) will remain assigned to the 1st Cavalry Division on active duty during the term of the grant.
5. That I am invited, but not obligated, to repay any scholarship grant to the Foundation of the 1st Cavalry Division Association, in whole or part, when I am able, to enable the Foundation to continue to offer support to others.
6. That IAW AR342-2, information provided in the application is privileged in nature and will not be furnished to any commercial enterprise or representative, nor any organization outside the United States Government or the 1st Cavalry Division Association.

I affirm that the information given on this application is complete and correct to the best of my knowledge.

Date

Signature of Applicant

Date

Signature of Sponsor

ATTACHMENTS:

- Copy (front only) of Dependent ID Card (dd Form 1173), if student is spouse of service member.
- School transcript or college record of most recent two semesters.
- 1CDA form 10 Completed and signed by a representative of the college attending
- Two letters of recommendations, other than relatives.