

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

SPONSOR's NAME _____ RANK _____ SSN _____

LOCAL HOME ADDRESS _____
_____ HOME PHONE _____

UNIT _____ DUTY PHONE _____ ETS/PCS DATE _____

TOTAL NO. OF DEPENDENTS _____. I AM A MEMBER OF THE 1ST CAVALRY DIVISION ASSOCIATION _____

STUDENT's NAME _____ RELATIONSHIP TO SPONSOR _____

SSN _____ AGE _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

HIGH SCHOOL OR COLLEGE THAT YOU CURRENTLY ATTEND _____
ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NO. IN CLASS _____ YOUR RANK IN CLASS _____ GPA _____ GRADUATION DATE _____

SCHOLASTIC HONORS/DISTINCTIONS RECEIVED (Attach a separate sheet if necessary) _____

EXTRA CURRICULAR ACTIVITIES (Attach a separate sheet if necessary) _____

NAME OF COLLEGE YOU PLAN TO ATTEND _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

COURSE OF STUDY _____ HAVE YOU BEEN ACCEPTED? YES _____ NO _____

ENROLLMENT DATE _____ LENGTH OF CURRICULUM _____ YRS. ANNUAL TUITION COST \$ _____

HAVE YOU BEEN PREVIOUSLY AWARDED A SCHOLARSHIP GRANT FROM THE FOUNDATION OF THE 1ST CAVALRY
DIVISION ASSOCIATION? YES _____ NO _____ IF YES, HOW MUCH \$ _____ DATE AWARDED _____

TOTAL ANNUAL FAMILY INCOME \$ _____

HAVE YOU APPLIED FOR OTHER FINANCIAL AID? YES ___ NO ___ IF YES, AMOUNT GRANTED? \$ _____

DO YOU RECEIVE BENEFITS UNDER THE G.I. BILL ? YES ___ NO ___ IF YES, AMOUNT GRANTED? \$ _____

HOW MUCH FINANCIAL AID WILL BE AVAILABLE FROM SOURCES OTHER THAN THOSE ABOVE? \$ _____

MY ACADEMIC GOALS ARE: _____

I THINK THAT I SHOULD BE AWARDED THIS GRANT BECAUSE: _____

CERTIFICATION

I UNDERSTAND:

1. That submission of an application does not assure that a scholarship grant will be awarded.
2. That proof of relationship must be provided for the spouse.
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 to include the address to which the grant checks will be sent for this application to be considered by the Scholarship Selection Board.
4. That any scholarship grant awarded is based on the assumption 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 in part, when I am able, to enable the Foundation to continue to offer support to others.
6. That I/A/W AR 342-2, information provided in this 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 if not Deployed)

ATTACHMENTS:

- Copy (front only) of Dependant ID Card (DD Form 1173) if student is spouse or dependent child 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 to be attended.
- Two letters of recommendation from other than relatives.