

APPLICATIONS MUST BE POSTMARKED BY MARCH 1st

**APPLICATION CHECKLIST**

- \_\_\_\_\_ **Completed Application**
- \_\_\_\_\_ **Signed Academic Record from Guidance Counselor**
- \_\_\_\_\_ **Signed JROTC record from JROTC Instructor**
- \_\_\_\_\_ **Copy of Official High School Transcripts, Sealed**
- \_\_\_\_\_ **4 Written Response Essays (1 paragraph each)**
- \_\_\_\_\_ **2 Letters of Recommendation (from JROTC Instructor, Adult of  
Choice, not a relative)**
- \_\_\_\_\_ **Signed Affidavit for MOAA, New River Chapter Scott L. Sears  
Memorial Scholarship**
- \_\_\_\_\_ **Signed Recipient Press Release Statement**

Questions? Please contact: [lindamarsh36@gmail.com](mailto:lindamarsh36@gmail.com)

**Mail to: MOAA, New River Chapter  
P. O. Box 1202  
Jefferson, NC 28640**

## Application for the Rear Admiral Scott L. Sears Memorial Scholarship

### Part I: Applicant Information

Name: \_\_\_\_\_ High School Counselor: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

List up to three (3) accredited colleges and/or universities to which you have applied.

1. \_\_\_\_\_ Accepted? (yes) (not yet)

City and State: \_\_\_\_\_

2. \_\_\_\_\_ Accepted? (yes) (not yet)

City and State: \_\_\_\_\_

3. \_\_\_\_\_ Accepted? (yes) (not yet)

City and State: \_\_\_\_\_

Intended major/program of study: \_\_\_\_\_

### Part II: Parent/Guardian Information

Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

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

### **Academic Standing, Awards, Recognitions**

1. What is your current (senior first semester) GPA? \_\_\_\_\_

Note: Please attach a copy of your high school transcript.

2. What academic distinctions or honors have you received in high school (for examples, National Merit, Semesters on Honor Roll)?

### **Extracurricular Activities and Recognitions**

1. In what extracurricular activities have you participated during high school (for examples, music, performing arts, sports, religious, community service)?

2. What leadership positions and/or awards have you earned in your extracurricular activities?

### **Work Experience**

1. If you have been a paid employee during high school, please list and briefly describe that job(s) and your duties.

2. If you have volunteered your services, please list and briefly describe your duties.

### **Written Responses**

Write and attach one (1) fully developed paragraph (with examples when appropriate) to answer each of the following questions.

1. Briefly describe your participation in the JROTC program during your high school years and then explain the value or impact of JROTC on your life.
2. Why do you consider yourself a leader?
3. What are your military and non-military goals for your future?
4. What does the word service mean to you?

### **References**

Please include a letter of reference from both your JROTC Instructor and an adult of your choice who is not a relative.

**The following information is to be completed by your JROTC Instructor:**

**Position held in FINAL Year of JROTC \_\_\_\_\_**

**LEADERSHIP Please list this applicant's leadership position(s) and award(s) received in each grade level below.**

**Grade 9:**                      **Leadership Position(s)**                      **Award(s)**

**Grade 10:**

**Grade 11:**

**Grade 12:**

**TEAM PARTICIPATION Please list all teams in which this applicant participated.**

**Grade 9:**

**Grade 10:**

**Grade 11:**

**Grade 12:**

**Instructor's Signature: \_\_\_\_\_**

The Following information is to be completed by your Guidance Counselor

**Academic Record**

\_\_\_\_\_’s grade point average is \_\_\_\_\_, based on  
(Student’s name)

\_\_\_\_\_ (number of) semesters at \_\_\_\_\_ High School.

\_\_\_\_\_ Date \_\_\_\_\_  
(Guidance Counselor’s signature)

**Scholarship Recipient Press Release**

**Recipient's full name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**I do \_\_\_\_\_ do not \_\_\_\_\_ give the Military Officers' Association of America, New River Chapter, permission to use any image of myself for purpose of publication in media outlets, including print, newspapers, magazines, radio, television, online, and specifically on the New River Chapter web page.**

\_\_\_\_\_  
**Signature of Scholarship Recipient**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

**Date:** \_\_\_\_\_

**AFFIDAVIT**

**MOAA, New River Chapter Rear Admiral Scott L. Sears Memorial Scholarship**

**If I am the recipient of the Rear Admiral Scott L. Sears Memorial Scholarship, I understand and agree to the following:**

- **If I accept an appointment at a service academy, I will immediately notify the MOAA, New River Chapter Scholarship Chairperson.**
- **If I receive a full scholarship to a college or university (to include tuition, fees, and books), I will be ineligible for the MOAA, New River Chapter's Scott L. Sears Memorial Scholarship.**
- **I understand that the scholarship funds awarded by the New River Chapter are restricted to the payment of tuition, academic fees, books, room and board.**
- **I understand that if I fail to matriculate at an accredited post-secondary institution in the Fall of 2013, I must return all the scholarship money awarded by the MOAA, New River Chapter.**
- **I understand that the award check will be made out in the name of the accredited post-secondary institution that I will be attending in the Fall of 2013.**
- **I understand and agree that the Selection Committee is solely responsible for the selection of the scholarship winners and its decision is final.**
- **In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand that falsification of information will result in termination of the Rear Admiral Scott L. Sears Memorial Scholarship.**

\_\_\_\_\_  
**Signature of Applicant**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

**Date:** \_\_\_\_\_