OTIS CIVILIAN ADVISORY COUNCIL SCHOLARSHIP APPLICATION - 2019/2020

To be eligible for the scholarship, one must be a senior at or graduated from high school and have applied to or be presently enrolled in an institute for higher learning. All applicants must be military dependents of those currently in active duty or reserve US Air Force, Air National Guard, US Army, Army National Guard, or Coast Guard.

APPLICATION INSTRUCTIONS: Please complete and return this application no later than May 12, 2020.

If you are applying as a high school senior, please attach a letter of recommendation from a teacher or guidance counselor and an official copy of your latest high school transcript. Scholarships are awarded upon the successful completion of the first semester of your freshman year. In addition, the college registrar must forward an official transcript of your first semester grades to the committee. A check will be mailed directly to you once these conditions are satisfied.

If you are presently attending a college or university, please attach an official copy of your most recent transcript with your application.

| Name of Applicant_ | | | | |
|---------------------|--------------------|-------------------|---------------|--|
| | (Last Name) | (First Name) | (Middle Name) | |
| | | | | |
| Email | | | | |
| Address | | | | |
| (Nun | nber and Street) | (Town & Zip Code) | | |
| Telephone Number | | | | |
| Father's Name | | Occupation | | |
| Mother's Name | | Occupation | | |
| Joint Base Cape Co | d Dependency Infor | mation: | | |
| Name | | | | |
| Branch of Service | ch of ServiceUnit | | | |
| Active Duty or Rese | rve? | | | |

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Schools to which you have applied (please circle the one you plan to attend):

| School | Accept | ced | Intende | ed Majo | r | Length o | of Program |
|------------------------|-------------|--------------|---------|-----------|---------|-------------------|----------------|
| | | | | | _ | | |
| Extracurricular Activi | ties incl | — uding C | ommui | nity Serv | rice: | | |
| Activity | Role H | | leld | | # of Ye | ears Participated | |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | <u> </u> | | | | | | - |
| Employment History | : | | | | | | - |
| Employer/Supervisor | | Phone | # | Dates | | Type of | Work Performed |
| | - | | | | | | |
| | _ | | | | | | |

OCAC SCHOLARSHIP APPLICATION CONTINUED (page 3)

List three (3) adults we may contact for a personal reference. Include their name, address and phone number. At least one of them should be a teacher, guidance counselor or school official if applicant is currently a student. If you are not presently a student, please choose a third reference of your choice.

At least one reference should be someone who has known you a minimum of two years. Do not include family members.

| Academic | | | | |
|------------|------|---------|---------|--|
| | Name | Address | Phone # | |
| Work/Busin | iess | | | |
| | Name | Address | Phone # | |
| Personal | | | | |
| | Name | Address | Phone # | |

In addition to the application and enclosures, please submit an essay of no more than 500 words discussing your future plans and why you believe you would be a strong candidate for the OCAC scholarship.

I certify that the information contained in my application is true and that I have not willfully misrepresented myself in any way. In addition, I give the Otis Civilian Advisory Council Scholarship Committee permission to contact the references I have listed above, with the understanding that all information received will remain confidential.

| Applicant's Signature | |
|---------------------------------------|--|
| | |
| | |
| | |
| Parent's Signature | |
| (for applicant under 18 years of age) | |