## 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 April 1, 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)
E Y			
Email			
Address			
(Nun	nber and Street)	(Town & Zip Code)	
Telephone Number			
Father's Name		Occupation	
Mother's Name		Occupation	
Joint Base Cape Cod	d Dependency Infor	mation:	
Name			
Branch of Service		Unit	
Active Duty or Rese	rve?		

## OCAC SCHOLARSHIP APPLICATION CONTINUED (page 2)

## 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	
							-
	<del></del>						-
							-
	<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)	