

1. SUBJECT: Shadow Warrior Association (SWA) Scholarship Application for Fall (Submission Window: 1-31 May) and Spring (Submission Window: 1-10 NOV) Semesters

2. Shadow Warrior Association Membership Verification: Verify that either the applicant, or spouse of applicant, or parent of applicant is a current member of the Shadow Warrior Association. Check YES or NO.

3. TYPE OF APPLICANT: Select type of Scholarship Applicant

Active Duty Soldier or Veteran with a Honorable Discharge: Current Active Duty Soldier serving or has previously served in the 112th Signal Battalion; or a Veteran with an Honorable Discharge who previously served in the 112th Signal Battalion.

Spouse of a 112th SIG BN Soldier: A dependent spouse married to a current Active Duty Soldier who is serving or has previously served in the 112th Signal Battalion; or married to a Veteran with an Honorable Discharge who previously served in the 112th Signal Battalion.

Child of a 112th SIG BN Soldier: A child (no older than 23 years old) of a current Active Duty Soldier who is serving or has previously served in the 112th Signal Battalion; or a child of a Veteran with an Honorable Discharge who previously served in the 112th Signal Battalion.

4. **TYPE OF SCHOLARSHIP:** Select one or both types of scholarships you would like to compete for. Applicant will only be selected for one type of scholarship award.

The SWA MG Dave Bryan Scholarship (Must be enrolled in STEM Program)



5. **APPLICANT INFORMATION:** Fill out if you are a **SPOUSE** or **CHILD** of either an Active Duty Soldier or a Veteran an Honorable Discharge. If you are an Applicant who is Active Duty or a Veteran skip section 5 and fill out section 6.

| Last Name | First Name | MI |
|------------------|---------------------|----|
| Male-M/ Female-F | U.S. Citizen Yes/No | |
| Date of Birth | Age | |



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| Tel 5. Active D on Army Vetera Parent of the Ap Las | an and are 1) the App | City & State E-mail Address mation: Fill out if you are an olicant, 2) The Spouse of the First Name MI | 2 |
|---|--|--|------------------------------|
| 5. Active D on Army Vetera Parent of the Ap Las | uty or Veteran Infor an and are 1) the App oplicant. | mation: Fill out if you are an olicant, 2) The Spouse of the | e Applicant, or 3) t |
| n Army Vetera arent of the Ap Las | an and are 1) the App oplicant. | blicant, 2) The Spouse of the | e Applicant, or 3) t |
| | t Name | First Name MI | |
| Currer | | | Age |
| | nt Address | City & State | Zip |
| Telep | hone Number | E-Mail Address | Rank |
| a. Milita | ry Status of Parent, | Spouse, or Applicant (Ch | eck one): |
| C | urrently assigned to 1 | 12 th SIG BN | |
| Pi | eviously assigned to | the 112 th SIG BN and still o | n Active Duty. |
| Pi | eviously assigned to | the 112 th SIG BN and am a | n Army Veteran. |
| b. Dates | assigned to 112 th S | SIG BN: Year to | Year |
| c. Soldi | er's/Veteran's duty | positions while assigned t | to 112 th SIG BN: |



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d. Honorable Discharge of Veteran (Parent, Spouse, or Applicant) if applicable.

| Date of Honorable Discharge | | | |
|---------------------------------|-------------------------|-----|----|
| DD 214 (Certificate of Discharg | ge) Included in packet. | YES | NO |

6. **MY HIGH SCHOOL INFORMATION:** Fill out if applicant is still attending high school or if applicant has graduated high school but has completed less than 30 hours of college level credits.

a. High School Attended:

| High School Attending/Attended | High School City & State |
|------------------------------------|----------------------------|
| | |
| | |
| Graduation/GED Date | |
| | |
| D. SAT Scores: | or ACT Score: |
| Reading Math | Writing Composite Score |
| c. High School GPA: out of | |
| d. Scholastic Honors/Distinctions: | |
| | |
| | |

e. Other Honors/Awards

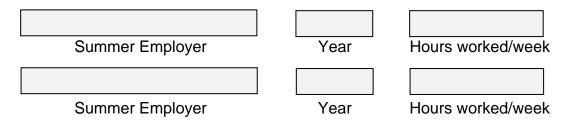


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- f. Volunteer Work (include organization and office held):
- g. Academic/Social/Other (include organization and office held):
- h. Sports (include sport/position/JV/Varsity):
- i. Extracurricular activities in school (e.g., clubs, honor societies, etc)

j. Extracurricular activities outside of school (e.g., community, church, social club, scouting, etc.):

7. APPLICANT'S RECENT EMPLOYERS:





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| Summer Employer | Year | Hours worked/week |
|------------------------|------|-------------------|
| | | |
| Academic Year Employer | Year | Hours worked/week |
| | | |
| Academic Year Employer | Year | Hours worked/week |
| | | |
| Academic Year Employer | Year | Hours worked/week |

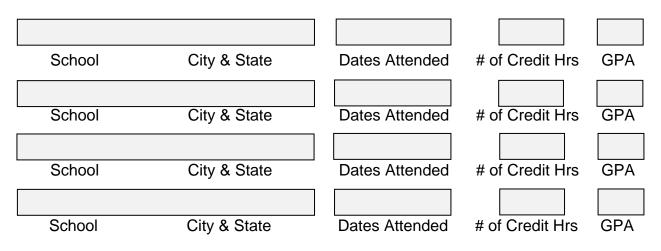
8. APPLICANT'S HIGHER EDUCATION:

| College/School you will attend in the I | Fall City | & State | Zip |
|---|----------------|------------------|-------------------|
| | | | |
| | | | |
| Full mailing address of this | school's finar | ncial aid office | e |
| | | | |
| | F | 1 | |
| Telephone | E | -mail | |
| a. Expected Enrollment Status: | | | |
| | Full Time | Half Time | Less than half ti |
| | | | |
| b. College year you will enter in | Fall: 🛄 Fr | So J | r Sr |
| | | | |
| c. Field of Study/Major: | | | |
| | | | |
| d. Anticipated Graduation Date: | | | |
| a. Annoipatoa Oradaanon Dato. | | | |



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e. College, vocational, or technical school(s) previously attended: (Enclose transcripts for all.)



10. APPLICANT'S ESTIMATED ACADEMIC YEAR EXPENSES:

a. Estimated Education Expenses

| Tuition: | \$ | | |
|---|-----------|------------|--|
| Institutional Fees | \$ | | |
| Books | \$ | | |
| On Campus Room & Board | \$ | | |
| Off Campus Housing | \$ | | |
| Total | \$ | | |
| b. Housing Status: | On Campus | Off Campus | |
| c. Anticipated sources of funding: | | | |
| Employment Grants Student loans Parental assistance Savings | | | |
| 11. MY PRIOR APPLICATIO | NS: | | |

11. WIT PRIOR APPLICATIONS:

a. Have you previously applied to the Shadow Warrior Association Scholarship Foundation for a scholarship Yes No



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If YES, in what year(s) did you apply and did you receive funding?

Note: If you were awarded a SWA scholarship you must wait a full year to apply for another scholarship.

- b. Are any other family members also applying to this foundation now?
 - YES

NO

If yes list full name(s)

12. **Explanations/Special Circumstances:** On a separate sheet, submit an explanation of any unusual expenses, such as high medical or dental expenses, other debt, child care, elder care, or special conditions that you believe should be taken into account by the scholarship committee.

CERTIFICATION

Must be signed by Applicant. Must also be signed by Active Duty/Veteran Spouse or Parent if Applicant is Spouse or Child

All the information provided in this application is true and complete to the best of my knowledge. If selected for an award, I consent to my name and photo being used in SWA press releases, in the annual report, on the SWA web site, or in SWA promotional material.

| | | * | |
|--------------------------|------|----------------------------|------|
| Applicant's Signature | Date | Spouse /Parent Signature | Date |
| | | | |
| | | * | |
| Applicant's Printed Name | | Spouse/Parent Printed Name | |
| | | | |

* Only required if child/spouse is applicant (not required if Applicant is Active Duty or Army Veteran

* Spouse or Parent must be Active Duty or Army Veteran

^{*} Submission Windows: Fall Semester Submission window is 1-31 May each year. The Spring Submission Window is 1-30 November each year. Email completed packets to <u>tankins2020@gmail.com</u>.