



**SCHOLARSHIP APPLICATION**

**ALAMO MOAA MEMBER**

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_  
                    First                      Middle                      Last

Address: \_\_\_\_\_ State      Zip Code  
                    Number & Street                      City

Phone #: ( ) \_\_\_\_\_

High School you attend/attended: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Or Permanent Resident \_\_\_\_\_

Parents are: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Remarried \_\_\_ Widowed \_\_\_

If Parent(s) is (are) deceased, please check: Father \_\_\_ Mother \_\_\_.

\_\_\_\_\_  
Father's Name \_\_\_\_\_

Age \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Name & Address of Employer/Firm: \_\_\_\_\_

Title: \_\_\_\_\_

Position \_\_\_\_\_

\_\_\_\_\_  
Alamo Chapter  
PO Box 8037  
San Antonio, TX 78208-0037  
(210) 228-9955 / [moaa-ac@sbcglobal.net](mailto:moaa-ac@sbcglobal.net)  
[www.alamomoaa.org](http://www.alamomoaa.org)

Student's Name: \_\_\_\_\_

IF APPLICABLE, stepfather's name & employer:

\_\_\_\_\_

Mother's Name \_\_\_\_\_

Age \_\_\_\_\_

Title \_\_\_\_\_

Position \_\_\_\_\_

IF APPLICABLE, stepmother's name & employer:

\_\_\_\_\_

Number of Dependents in family where you presently live (INCLUDE parents & yourself): \_\_\_\_\_

List Ages for all family members where you live:

\_\_\_\_\_

Student's Name: \_\_\_\_\_

Annual Gross Income of Family: (Include the 2008 estimated Income for yourself and the Parent(s) with whom you reside.)	1. Under \$10,000 _____	5. \$40,000-49,000 _____
	2. \$10,000-19,000 _____	6. 50,000-59,000 _____
	3. 20,000-29,000 _____	7. 60,000-74,000 _____
	4. 30,000-39,000 _____	8. 75,000+ _____

Who will be responsible for financing your College Education? \_\_\_\_\_

Will you be receiving Veterans Educational Benefits for College? \_\_\_\_\_

Do you have a savings account for college expenses? \_\_\_\_\_

If so, approx value: \$ \_\_\_\_\_

Indicate the Number of family members in your household who will be in college (or vocational/technical school) at least half-time next year (2010-2011). INCLUDE YOURSELF: \_\_\_\_\_

College/University/Technical/Trade School you wish to attend:

1<sup>st</sup> Choice:

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

2<sup>nd</sup> Choice:

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Indicate your intended Major/Program of Study:

\_\_\_\_\_

Do you have any education plans beyond four years of college? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

Intended Career:

\_\_\_\_\_

\_\_\_\_\_

Student's Name: \_\_\_\_\_

School and Community Activities and Awards: (Continue on Separate Sheet if needed.)

Activities	Number of Years	Offices Held and/or awards received

Student's Name: \_\_\_\_\_

Employment Record: (Present and/or Previous):

Employer: \_\_\_\_\_

Dates: \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_ - \_\_\_\_\_

Any comments/additional information (if there are unusual circumstances in your family which may be pertinent to applying for this scholarship, please briefly explain here): (Continue on blank page if necessary)

\_\_\_\_\_

\_\_\_\_\_

Parent(s) currently on ACTIVE DUTY:     Father \_\_ Mother \_\_ Stepfather \_\_ Stepmother \_\_.

Stationed at: \_\_\_\_\_

Is your Active Duty Parent(s) on a remote tour? YES \_\_ NO \_\_.

Is a parent retired from Military Service? If so, indicate: Medical \_\_ Normal Retirement \_\_.

If retired, indicate Service, Date and Place of Retirement: \_\_\_\_\_

Parent died while on Active Duty: Yes \_\_ No \_\_.

Duty Station and date of death: \_\_\_\_\_

Reserve Component: (Indicate current status, years served and service): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We understand that the Military Officers Association of America – Alamo Chapter has approved one scholarship in the amount of \$1000 for the 2010-2011 year. We understand that this is only an application for scholarship. The actual award of the scholarship will be determined by the MOAA-AC Scholarship Board upon review of all applications.

Student's Name: \_\_\_\_\_

The information contained in this application will be used exclusively for the purpose of determining a scholarship winner. All information will be retained within the MOAA-AC Scholarship Board and will not be made available to anyone except in the process of determining a winner.

**A FALSE STATEMENT, ALTERATION OR OMISSION OF PERTINENT INFORMATION FROM THIS APPLICATION WILL BE CONSIDERED JUST CAUSE FOR REMOVAL OF APPLICATION FROM SCHOLARSHIP CONSIDERATION.**

\_\_\_\_\_  
STUDENT (signature required)

\_\_\_\_\_  
PARENT (Signature Required)

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

Student's Name: \_\_\_\_\_

**(Continuation Page)**

**FOR MOAA AC Member Scholarship only: Sponsor's MOAA Membership Number: \_\_\_\_\_**