



**SCHOLARSHIP APPLICATION**

**Indicate the scholarship for which you are applying (Circle)**

**IROTC/CHAPTER (HS Seniors) or Chapter Member (Post High School)**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Phone #: ( ) \_\_\_\_\_ High School Presently attending: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Are you a U.S. Citizen or Permanent Resident: \_\_\_\_\_

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

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

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

\_\_\_\_\_ Title/Position: \_\_\_\_\_

IF APPLICABLE: Stepfather's name and employer \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address (If different.) \_\_\_\_\_

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

\_\_\_\_\_ Title/Position: \_\_\_\_\_

IF APPLICABLE: Stepmother's name and employer \_\_\_\_\_

Alamo Chapter  
P.O. Box 340497  
San Antonio, TX 78234-0497  
Phone: 210-228-9955  
Email: moaa-ac@sbcglobal.net



Students Name: \_\_\_\_\_

Employment Record: Present and Previous:

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_  
\_\_\_\_\_ 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 additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s) currently serving on Active Duty: Father \_\_\_ Mother \_\_\_ Step-father \_\_\_ Step-mother \_\_\_  
Stationed where?: \_\_\_\_\_

Is your active duty parent deployed? \_\_\_\_\_

Is your parent(s) retired from military services? If so, indicate: Medical retirement \_\_\_ Normal retirement \_\_\_

If retired, indicate service and place of retirement: \_\_\_\_\_

Parent died while on active duty: Yes \_\_\_ No \_\_\_

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

Reserve Component: Indicate current status: active or inactive. \_\_\_\_\_ length of service.  
\_\_\_ Retired from service: \_\_\_\_\_ Service: \_\_\_\_\_

We understand that the Military Officers Association of America – Alamo Chapter has approved two JROTC scholarships in the amount of \$2,000 each, the first is the Colonel Edward and Sue McCarthy Memorial JROTC Scholarship and the second is the Alamo Chapter JROTC award in the amount of \$2,000 and Lt Col Edward and Ruby Marvin Memorial Alamo Chapter member scholarship in the amount of \$2,000 for the 2012-2013 year. This is a common application for all of the scholarships, but please indicate at the beginning of the application whether it is for the JROTC or Chapter scholarship. The actual award of the scholarship will be determined by the MOAA-AC Scholarship Committee upon review of all applications.

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I meet all requirements for the scholarship for which I am applying.

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 Committee and will not be made available to anyone except in the process of

Student Name: \_\_\_\_\_

determining a winner. Information on the winning candidates will be made available for press releases and the winners will be asked to provide a digital picture of themselves.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or if JROTC, SR. Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please attach any comments or additional information here.

FOR CHAPTER SCHOLARSHIP APPLICATIONS PLEASE ADD:

Name/relationship of qualifying member: \_\_\_\_\_

MOAA Membership number \_\_\_\_\_

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