

Tallahassee MOAA Scholarship Foundation, Inc.
P.O. Box 3311
Tallahassee, FL 32315

SCHOLARSHIP PROGRAM APPLICATION

CLOSING DATE: Application forms must be received NOT LATER THAN 1 MAY

ELIGIBILITY CRITERIA: An applicants must:

1. Be a U.S. citizen.
2. Be a senior JROTC cadet who will have completed three (3) years of JROTC upon graduation from high school.
3. Have a letter of recommendation from the JROTC senior military instructor.
4. Have two (2) letters of recommendation from academic teachers (one must be from an English teacher).
5. Have a letter of acceptance from an accredited Community College or University.
6. Provide a letter from the guidance office that states the applicant's weighted and unweighted GPAs and class academic ranking. Minimum GPA for application is 2.5 unweighted.
7. Be a previous scholarship winner and currently enrolled in a university ROTC program.

SELECTION CRITERIA: The scholarship committee will award grants to students based on the criteria outlined below. Applicants should attempt to address each applicable element of the criteria in the development of the application package.

8. The relative excellence of the scholastic records as determined from all of the supporting documents submitted with the application package.
9. The demonstration of outstanding citizenship, moral character, attitude and leadership attributes as determined from all of the supporting documents submitted with the application package.
10. The efficient use of time as measured by job or work experience, volunteerism and extracurricular activities.

ENCLOSURES: Faculty Scholarship Recommendations (two each)

PART I: APPLICANT INFORMATION
(Additional sheets may be used)

11. Name: _____
(first) (middle initial) (last)

2. Address: _____
(street) (city) (state & zip)

3. Phone #: _____
(home) (work) (school)

4. Evidence of Residency: Copy of birth certificate ()
Homestead Exemption ()
Income Tax Receipt ()
Other ()

PART II: JROTC INFORMATION

1. Senior Military Officer: _____
(first name) (middle initial) (last name)

2. Service: USA ___ USMC ___ USN ___ USAF ___ Grade: _____

PART III: EDUCATIONAL INFORMATION
(Additional sheets may be used)

2. Name of High School: _____

2. Address: _____
(street) (city) (state & zip)

3. Attendance Dates: From _____ To: _____

4. Graduation Date: _____

5 Name and addresses of Community Colleges, Colleges or Universities that have accepted you as an unconditional student beginning next fall:

PART IV: SCHOLARSHIP
(Additional sheets may be used)

1. State your career objectives:

2. What preparations have you made/are you making to meet those objectives?

3. College Major: _____

4. Second Major/Minor _____

5. Academic Recognition/Awards:

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FACULTY REPORT

To the Applicant:

Provide the information required in the next three lines. Give two copies of this form, along with a stamped envelope addressed to: **Tallahassee MOAA Scholarship Foundation, Inc., P.O. Box 3311, Tallahassee, FL 32315**, to two faculty members (one must be an English teacher) in an academic discipline.

Applicant Name _____
(last) (first) (middle)

Home Address _____
(street) (city) (state & zip)

School _____
(name) (city) (state & zip)

To the Faculty Member:

The purpose of this recommendation is to assist the Scholarship Committee in making a decision about the applicant's qualifications. Your candid estimate of his or her academic performance, intellectual promise, and qualities as a person will be useful. Your report means a great deal and will be read by all committee members. Please sign your response and indicate your academic position. The deadline for applications is MAY 1.

The following questions are intended merely as guidelines. We are more interested in a complete report of whatever you deem important than in a specific format. If you would prefer to send your report on another form, feel free to do so, but please attach it to this form. Thank you for your help.

1. How long have you known the applicant?
2. What subjects have you taught him or her?
3. What grade did he or she receive in your class? School year? Fr/So/Jr/Sr
4. Please tell us what you can about his or her intellectual qualities and academic potential. We are interested in any evidence you can give us about his or her motivation for academic work, breadth and depth of intellectual interests, originality, independence of thought, sensitivity and power of mind capacity for growth.

(reverse side or additional sheets may be used)