

APPLICATION FOR HIGH SCHOOL SENIORS WITH DISABILITIES

Robins Spouses' Club

Scholastic Achievement Awards 2019-2020

I. The entire application package must be postmarked and mailed to:

Robins Spouses' Club
Attn: Scholarships Chair
P.O. Box 6844
Robins AFB, Ga 31095
OR

Submitted online with a timestamp at <https://robinsspousesclub.org/scholarships> or emailed to: RobinsSC.scholarships@gmail.com no later than **11:59PM February 28, 2020**

II. All applicants *please read the entire RSC Scholarship Award Policy* (refer to Section III) and *complete all requirements* (refer to Section IV) *before* submitting application packet.

III. ROBINS ACADEMIC SCHOLARSHIP POLICY AND PROCEDURES

The Robins AFB Spouses' Club (RSC) will award academic scholarships of \$1,000 or more to deserving high school seniors with a documented learning disability from eligible military families and eligible RAFB Department of Defense families. The number of awards is based on yearly revenues generated by the RSC philanthropic efforts. A Scholarship Selection Panel will determine the award winners based on demonstrated scholastic achievement, involvement in school, community, and work; a personal essay; and recommendations. Recipients will be notified of their selection in April 2020.

ELIGIBILITY:

1. Applicant must be a candidate for graduation from high school in 2020 with a GPA equal to or above 3.0. The applicant must have applied to an accredited institution of higher learning (university, college, technical college, etc.). As of Fall 2020, the applicant must be a student at an accredited institution on a full-time basis.
2. Applicant must be a military dependent (Active Duty, Reserves, National Guard, retired, deceased, officer, or enlisted) or DoD employee dependent. The military sponsor must be employed or retired from employment at Robins Air Force Base or assigned to a local military unit serviced by Robins AFB. Any rank or branch of service is eligible. Dependents of current, retired, or deceased DoD employees are eligible if they currently reside in the greater Robins AFB area.
3. An academic award from another spouses' club also negates entitlement to the RSC Scholastic Achievement Award. In such events, that Scholastic Achievement Award will be presented to an alternate based on order of merit.

4. Dependents of the RSC Scholarship Committee or the Selection Panel are not eligible for a scholarship in the year that person serves.

IV. To be provided by the applicant:

A. **Part A of the application.** Please ensure your parent(s) or legal guardian has read and signed both areas on Part A of the application.

B. **A typed listing of activities & awards** received during high school, divided and titled by category:

1. Scholastic Awards & any GT, Honors and/or AP classes from 9th grade to present.
[list year(s) received]
2. Extracurricular Activities / Leadership Positions / Awards
[list year(s) participated and time spent on each activity]
3. Volunteer/Church Activities (indicate leadership positions held, if any):
[list year(s) participated and time spent on each activity]
4. Work Experience - including position held, duties assigned, etc.
[list year(s) employed and hours worked per week]

C. **A one-page typed personal essay**, of NOT MORE than 500 words, on the essay topic of your choice.

Essay Topic A: How has being associated with the military affected your time as a student?

-or-

Essay Topic B: Resilience is an important quality for military or DoD dependents to possess. Can you think of an example of a time you showed resilience?

D. **Two completed recommendation forms.** The completed recommendation can be emailed to RobinsSC.scholarships@gmail.com or the completed recommendation form should be sealed in an envelope by the person giving the recommendation, with his/her signature across the seal of the envelope. This is to ensure the recommendation remains confidential. The applicant will then attach the sealed envelope to the application package. We recommend asking non-relatives who are acquainted with your background, especially your scholastic achievement, to complete the recommendation forms.

E. **Ensure school counselor** has received, completed, and returned Part B of the application.

F. **An official school transcript** The official school transcript be emailed to RobinsSC.scholarships@gmail.com or (with raised seal and in sealed envelope with office signature stamp across seal) of all high school grades through the first semester of senior year.

G. To be provided by **home schooled** students only, in lieu of part E:

1. A brief explanation of how grades are determined and what curriculum is followed.

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SCHOLASTIC ACHIEVEMENT AWARDS 2019-2020
APPLICATION FOR HIGH SCHOOL SENIORS WITH DISABILITIES**

PART A

To be completed by the **applicant**. Please print or type information.

1. Applicant Information

Name: _____

Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

High School currently attending: _____

Date of Graduation _____

2. Sponsor Information

Sponsor's Full Name: _____

Squadron or Duty Station: _____ Duty Phone:

Status (check one):

____ Military member currently assigned to Robins AFB Dependent

____ Department of Defense employee Dependent

____ Retired Military Member's Dependent

____ Retired Department of Defense Dependent

____ Deceased Military Member Dependent

To be signed by parent or legal guardian.

I hereby give my permission for the school to release the required information concerning my daughter/son.

Parent's Signature (or legal guardian):

PRIVACY NOTICE: All application materials are used ONLY for the purpose of eligibility verification and recipient selection. Identifying information is not shown to Judges Selection Panel.

ALL MATERIAL MUST POSTMARKED OR RECEIVED VIA EMAIL BY FEBRUARY 28, 2020

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3. List accredited institutions of higher learning to which you have applied or plan to apply for admission, please mark if you have or have not been accepted:

4. IT IS UNDERSTOOD THAT:

- A. This award will be based primarily on high school scholastic achievements, leadership, and extracurricular and community involvement. Financial need will **NOT** be considered.
- B. I will be or intend to be a full-time student at an accredited institution of higher learning in the Fall 2020.
- C. I certify that this application and all supporting documents are complete and accurate. I acknowledge that any misrepresentation or falsification of facts will make the applicant ineligible to receive a RSC scholarship in this or any subsequent year.

Both signatures are required.

Date: _____

APPLICANT'S SIGNATURE:

PARENT'S SIGNATURE (OR LEGAL GUARDIAN):

6. Photo release

In the event that my child is chosen to receive an RSC scholarship, I authorize that their photo be taken at the Awards Banquet and released to RSC publications and website.

PARENT SIGNATURE:

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Part B

To be completed by counselor or registrar:

Name of Student: _____

Is IEP current? Yes or No IEP expiration date _____

Cumulative GPA through first semester of 2019 - 2020 _____

Rank in class through first semester 2019 - 2020 _____

Total number of students in senior class: _____

Is student eligible for spring 2020 graduation? Yes or No

Printed name, signature and title of person completing this form:

Printed Name _____

Signature _____

Title _____

Date _____

Thank you for your support in helping our military and DoD employee families and their dependents!

Please send this form and a transcript of grades through first semester of senior year to:

**Robins Spouses' Club
ATTN: Scholarship Chairperson
P.O. Box 6844
Robins AFB, GA 31095**

OR

Email to: RobinsSC.scholarships@gmail.com Please use the applicant name as the subject.

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APPLICATION FOR HIGH SCHOOL SENIORS WITH DISABILITIES
Recommendation Form

This scholarship requires scholastic achievement, leadership, and outstanding performance.

Please share with the Scholarship Committee how _____(student's name) has demonstrated scholastic achievement, outstanding performance, and leadership qualities in your time knowing them. **Please refrain from using the students name in your recommendation.**

How Long have you known the Applicant _____Years _____Months

Printed name _____

Title_____

Signature _____ Date_____

****Upon completion of this recommendation, please place in an envelope, seal it, sign your name across the seal, and **return the envelope to the applicant.****

OR

Email recommendation to: RobinsSC.scholarships@gmail.com. Please use the applicant name as the subject.

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Signature _____ Date _____

****Upon completion of this recommendation, if mailing please place in an envelope, seal it, sign your name across the seal, and **return the envelope to the applicant.****

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