

## AREA SCHOLARSHIP APPLICATION

### APPLICANT INFORMATION (IF A BLOCK DOES NOT APPLY PLEASE WRITE "NA" IN THAT BLOCK)

Applicant's Full Name:

College/University Where You Are Accepted or Plan To Be:

If you have not been accepted yet at the school you listed above, date you applied:

Planned Major:

Name and Location of Current High School:

Graduation Date (must graduate in 2023 to qualify):

Birthdate:

Email:

Phone: ( )

Current street address, APO or MPO:

City:

State:

ZIP Code:

Are you an Active Exchange Associate on the U.S. Payroll? Yes \_\_\_ No \_\_\_

If an active associate, have you been employed for 12 consecutive months? Yes \_\_\_ No \_\_\_

Location of employment with Exchange

Dates:

**Are you either the natural, legally adopted child or custodial stepchild of an active, retired or deceased Exchange U.S. payroll associate or military personnel assigned to Exchange? Yes \_\_\_**

**I certify that I am a permanent U.S. resident and less than 21 years old. Yes \_\_\_**

**I certify that one or both of my parents meet(s) one of the following requirements: Yes \_\_\_**

At least 12 months' consecutive Exchange U.S. payroll employment, or for military personnel, 12 month's consecutive Exchange assignment.

If a military retiree, retired while on assignment with the Exchange.

If deceased, died while on active Exchange employment, or as a retired Exchange associate or military assignee, AND had 12 months' consecutive employment on the U.S. payroll or as a military assignee with the Exchange at time of death.

**If retired, is a parent an active member of AREA? Yes \_\_\_ No \_\_\_ NA \_\_\_**

Note: Active membership is membership in the national AREA organization, with dues payment current.

**Provide information about your qualifying parents.**

Name (include military rank if applicable):

Email:

Phone: ( )

Job Title, Exchange Name and Location:

If Retired, Dates of Service:

**Second Parent If Applicable:**

Name (include military rank if applicable):

Email:

Phone: ( )

Job Title, Exchange Name and Location:

If Retired, Dates of Service:

--

## AREA SCHOLARSHIP APPLICATION

**INSTRUCTIONS:** IN THE SPACE BELOW, LIST YOUR 1. SCHOLASTIC HONORS, OTHER RECOGNITION RECEIVED; 2. SCHOOL ACTIVITY PARTICIPATION; AND 3. OUTSIDE ACTIVITIES, HOBBIES AND SPECIAL TALENTS. START WITH THE MOST RECENT AND INCLUDE VOLUNTEER WORK, IF APPLICABLE.

<u>ITEM</u>	<u>DATES</u>
<u>1. Scholastic Honors, Other Recognition Received</u>	
a.	
b.	
c.	
d.	
e.	
f.	
<u>2. School Activity Participation</u>	
a.	
b.	
c.	
d.	
e.	
<u>3. Outside Activities, Hobbies and Special Talents</u>	
a.	
b.	
c.	
d.	
e.	

### CERTIFICATIONS AND SIGNATURE

I authorize the verification of the information provided on this form.      Yes \_\_\_\_

I certify that all of it is true and correct.      Yes \_\_\_\_

I have attached 3 Letters of Reference.      Yes \_\_\_\_

I have attached a copy of my most recent academic transcript, including grades.      Yes \_\_\_\_

I have attached an essay as required by the instructions for this application.      Yes \_\_\_\_

I have attached a copy of my latest SAT and/or ACT scores from the applicable testing organizations, Yes \_\_\_\_

I have attached a current portrait style photo of me in .jpg format to this email.      Yes \_\_\_\_  
(The photo will not be returned and will be used for publicity.)

I understand that providing all required information and documents is my responsibility, and that AREA is not required to contact me to obtain missing information.      Yes \_\_\_\_

Signature of applicant:	Date:
Signature of parent/guardian if under 18:	Date: