AREA SCHOLARSHIP APPLICATION	l e	
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 a	pplied:	
Planned Major:		
Name and Location of Current High School:		
Graduation Date (must graduate in 2024 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:		

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INSTRUCTIONS: IN THE SPACE BELOW, LIST YOUR 1. SCHOLASTIC HONORS, OTHER RECOGNITION PARTICIPATION; AND 3. OUTSIDE ACTIVITIES, HOBBIES AND SPECIAL TALENTS. START WITH THE MOST RECENT AND INCLUDE VOLUNTEER WORK, IF APPLICABLE. ITEM WHERE	RECEIVED; 2. SCHOOL ACTIVITY DATES	
1. Scholastic Honors, Other Recognition Received		
a.		
b.		
C.		
d.		
e.		
f.		
2. School Activity Participation		
a.		
b.		
C.		
d.		
e.		
3. Outside Activities, Hobbies and Special Talents		
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 applical Yes	ble testing organizations,	
I have attached a current portrait style photo of me in .jpg format to this em (The photo will not be returned and will be used for publicity.)	nail. Yes	
I understand that providing all required information and documents is my real AREA is not required to contact me to obtain missing information. Yes	sponsibility, and that —	
Signature of applicant:	Date:	
Signature of parent/guardian if under 18:	Date:	