



Space Coast Chapter Women In Defense Scholarship Program 2016-2017 Scholarship Application Package

Space Coast WID Scholarship Program
P.O. Box 410832, Melbourne, FL 32941-0832
STEM@scwid.org ~ Website <http://scwid.org>

Application packages **MUST** be completed in full and are due via email or postmarked no later than **April 17, 2017**. For all application packages, do not include extra items such as copies of awards, certificates, or photographs. Only students meeting eligibility requirements will be considered – no exceptions. Only applicants selected to receive a Space Coast Chapter Women In Defense (SCWID) scholarship (up to \$1,000.00) will be notified of the results. Recipients may need to provide Social Security Number information. Recipients will be posted on the website <http://scwid.org/homepage/space-coast-wid-stem-scholarship/> so please check periodically (no inquiries, please). Allow up to eight weeks for results to be posted.

Scholarship Application Package includes:

- A fully completed application
- A one-page essay
- A letter of recommendation

For this section, please print legibly or type.

Name:	Home Phone:
Street Address:	Cell Phone:
City: State:	United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip:	
Email Address:	Resident of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in the Military (Active or Reserve)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you enrolled in a Post-Secondary School located in Brevard County? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your Parent Active or Retired Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ABOUT YOUR Academic Status

Current Status <input type="checkbox"/> High School Graduating Student <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student	Undergraduates <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	College Credits: Current GPA:
Major:	Minor:	

ABOUT YOUR Academic Program of Study

Name of College/University/Trade School	Attending <input type="checkbox"/> On-Campus <input type="checkbox"/> Distant Learning <input type="checkbox"/> On-line
Course Title:	Anticipated Graduation Date:
Is this institution accredited by an accreditation body recognized by the Department of Labor? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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1. EMPLOYMENT: List up to three previous employers. Do NOT submit a resume in lieu of the following list.

Employer’s Name	Enter Job/Position	Start Date	End Date	Hrs Worked Weekly
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- 1.
- 2.
- 3.

2. AWARDS & HONORS: Do NOT include copies of certificates.

Awarded by	Award Title	Date Awarded
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3. DEFENSE and NATIONAL SECURITY ACTIVITIES:

Extracurricular, professional, community—during the last 12 months only.

- 1.
- 2.

Title	Date
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4. DEMONSTRATION OF FINANCIAL NEED: (scholarships, fee/tuition waivers, grants, loans, etc.).

Check all that apply

- I am receiving scholarships, waivers, or grants
- I am taking out student loans to pay for my education
- I have limited resources to pay for my continuing education

Please describe your financial need below as necessary:

5. ESSAY Checklist

- Essay is on one, 8.5” x 11”, page, 1” margin (all sides), 1.5” line spacing, Times New Roman 12 point font
- Essay includes: statement of interest; description of principle accomplishments that relate to your professional goals including academic, professional, or community activities; and objectives of your educational program relating them back to your national security, defense, or STEM career plan.
- Essay is free of spelling errors, uses proper grammar, and is well organized.



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6. Professional or Academic Recommendation (one)

Yes No A letter of recommendation is included in my nomination package.

Please supply the below information about “your reference”:

First and Last Name	Name of Current Employer	Title/Position Held
Email Address	Phone Number	

VI. SUBMISSION: *I hereby certify that all of the information contained in this application and supporting materials is true and correct to the best of my knowledge and belief. Providing misleading or incomplete information may disqualify me from scholarship consideration.*

Applicant:

First Name	Last Name	Application Date
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Please email your completed application, one-page essay, and letter of recommendation (The Application Package) to: STEM@scwid.org or mail your application package to:

Space Coast WID Scholarship Program
P.O. Box 410832
Melbourne, FL 32940-0832

Email application packages received after April 17, 2017

or mailed application packages postmarked after April 17, 2017 will not be considered.