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: First, Middle, and Last Name	Home Phone: Enter Home Phone
Street Address: Enter street address.	Cell Phone: Enter Cell Phone
City: Enter City State: Enter State Zip: Enter zip code	United States Citizen? ☐ Yes ☐ No
Email Address: Enter Email Address	Resident of Florida? ☐ Yes ☐ No
Are you in the Military (Active or Reserve)? ☐ Yes ☐ No	Are you enrolled in a Post-Secondary School located in Brevard County? ☐ Yes ☐ No
Is your Parent Active or Retired Military? ☐Yes ☐ No	

ABOUT YOUR Academic Status

Current Status ☐ High School Graduating Student ☐ Undergraduate Student ☐ Graduate Student	Undergraduates ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior	College Credits: Click here to enter text. Current GPA: Click here to enter text.
Major: Click here to enter text.	Minor: Click here to enter text.	

ABOUT YOUR Academic Program of Study

Name of College/University/Trade School Click here to enter text.	Attending ☐ On-Campus ☐ Distant Learning ☐ On-line
Course Title: Click here to enter text.	Anticipated Graduation Date: Click here to enter text.
Is this institution accredited by an accreditation body recognized by the Department of Labor? ☐ Yes ☐ No	

1. EMPLOYMENT: List up to your last three employers. Do NOT submit a resume in lieu of the following list. Include the name of the employer, your position/internship, the dates of your employment, and typical hours worked weekly.

Employer's Name Enter Job/Position. Employment Start & End Dates Choose an item.

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

Awared by Award Title Date Awarded Choose an item.

3. DEFENSE and NATIONAL SECURITY ACTIVITIES: Extracurricular, professional, community—during the **last 12 months only**.

Title Date Choose an item.

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 explain below as necessary:

Describe your financial need.

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.

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

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 and Last NameDate

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.