

ARMY * NAVY * AIR FORCE * MARINES * COAST GUARD * SPACE FORCE * NOAA * PHS

MERIT SCHOLARSHIP APPLICATION

Note: All requested information must be provided.

Applicant Information:

Name:	
Mailing Address:	
Street:	
City:	State: ZIP
	Cell Phone No.:
Email address:	
Date of Birth:	
(mm/dd/yyyy)	
High School Information:	
-	
Name of School:	
Mailing Address: Street	
City:	State: ZIP
School Tel. No. (With A/C)	
School Reference Contact (Guidance of	counselor or equivalent):
Name:	
Tel. No	
Cumulative GPA:	
(Through 1 st Semester 20	023 - 2024 school year on a 4.0 Scale)
SAT Composite Score: (If taken)	
ACT Score: (If taken in lieu of SAT)	
High School Honors and Awards, Spor	ts, and Community Service
(Add additional sheets if necess	ary.)

College Information:

Name of College/University you plan to attend: Anticipated Year of Graduation: Major Planned: Is ROTC Planned? (yes/no): If No, Why not?

Parent Military Information:

Name:		
Rank:		
Mailing Address:		
Street:		
City:		
Tel. No. (With A/C)	Cell Phone	:
Branch of Service:		
Status:		
(Active, Reserve, National G		ormer)

MOAA Membership (If Applicable) Member Number: Current Chapter Affiliation (If Any):

Please provide a statement of your future goals in one page or less:

To be considered for the Dayton Area Chapter scholarship for 2024, completed applications must be received not later than April 15, 2024.