

Saber Community Spouses Club

Dependent Scholarship Application 2023

General Information/Criteria:

1. This application is available for any and all command-sponsored, dependent, non-military spouses and dependents who are eligible as outlined below. Said spouse or dependent is or will be enrolled in a course or program at an accredited college, university, or technical school.
2. The applicant is responsible for gathering and submitting all necessary information and official documents. Applications are evaluated on the information supplied; therefore, answer all questions completely. Give specific dates when required.
3. This scholarship is made possible through the Community Outreach Funds of the Saber Community Spouses Club.
4. The Committee reviews and determines applicant eligibility criteria.
5. The Committee determines the number of scholarships to be awarded and the monetary value of each based on available funds, the number of applicants, and the analysis of scores. Submission of application does not guarantee a scholarship.
6. Awards are granted without regard to race, gender, ethnicity, religion or disability; awards are merit based.
7. Applicants will be notified via email of the results.
8. **Direct inquiries to Scholarship Committee at scholarships.sabercsc@gmail.com**

Eligibility: Each applicant must meet all of the following requirements:

1. The applicant must be a command-sponsored dependent or spouse.
2. The applicant's sponsor must be a U.S. military or a DoD civilian employee working, or assigned to the 52nd Fighter Wing unit, GSU, or tenant unit.
3. The applicant must be living in, and intending to receive his/her education in, the Spangdahlem Community, or through an accredited distance learning program.
4. Applicants must not be a current high school student.
5. Applicant's sponsor must not be projected to PCS before 15 May 2024.

Limitations:

1. Scholarship funds are to be used within the 2023-2024 academic year.
2. Scholarship funds awarded are to be used for tuition, course related fees, and books at an accredited college, university, or technical school. **Funds may not be used for housing, room, or board. Applicants will need to state where the funds should be applied.**
3. Payment of scholarship awards will be made **directly to the recipient's school**. The recipient must provide the Scholarship Committee with the name and address of the school the recipient will attend. This information can be provided under the "Intended Area of Study" section of the application. If this information (or deferment notification), the award will be considered unclaimed and will be rolled back into the board's fund.
4. The scholarship award, when combined with other scholarships, must not exceed the cost of tuition, course related fees, and books for the academic year. Any remaining funds must be returned to the Scholarship Committee by 1 April 2024. Checks must be mailed back to:

Saber Community Spouses Club
52 FSS-SVA
Unit 3670 Box 170
APO, AE 09126

Application packets must be submitted NLT 5:00 p.m. on 27 October 2023.

Packets may be submitted electronically to scholarships.sabercsc@gmail.com

Applicant's Last 4 digits of DOD ID#: _____

5. Students accepting a GI Bill or full scholarship from any other organization or entity (to include tuition, course related, fees, and books) become ineligible for the award.
6. In the event of withdrawal from course or school, the full amount of the scholarship is required to be returned to the Scholarship Committee. Funds will not be rolled over to a subsequent semester or school. In the event of a withdrawal, the recipient should contact the committee immediately.

Application Completion:

1. **All parts of the application need to be typed**, using available space on this form *or, if needed you may insert additional pages* properly titled and with DOD ID# (last 4 ONLY) placed in the upper right corner. Do not attach a resume.
2. **This application becomes complete and valid only when all pages listed below are delivered electronically. All materials must be submitted at the same time.** Submit ONLY the pages indicated below:
 - The first page of the application, which includes personal information. (page 3)
 - Educational Data
 - Awards/Honors & Work History
 - Community Involvement
 - Certification Letter
 - **One copy** of the typed essay, *which includes the last four digits of the applicant's DOD ID# in the upper right corner. Applicant's name should not be on the essay.*
 - **One set** of all college transcripts supporting all educational data that includes GPA (Grade reports, official or unofficial transcripts are acceptable)
 - **One copy** of sponsor's orders to include command sponsorship and DEROS.

Application Submission:

1. To submit electronically: The complete application with the required supporting documents must be submitted to scholarships.sabercsc@gmail.com on or before **Friday, 27 October 2023 at 5:00 p.m.**
2. All applications become property of the SCSC Scholarship Committee. No later than 24 hours after submission, applicants will receive a confirmation email that their application was received. If the applicant does not receive a confirmation email no later than 24 hours after submitting an application, the applicant should presume that the application was not received. Please double check that the application is sent to the proper email address. The SCSC Scholarship Committee is not responsible for undelivered applications.

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Privacy Act Statement:

Authority: 10 U.S.C., Chapter 40; 37 U.S.C., Chapter 9; EO 9397, November 1943

Principle Purposes: To facilitate award of the scholarship funds to education centers.

Routine Uses: Information may be disclosed to Federal, state and local education institutions for the purpose of allocating awards to scholarship recipient accounts; as well as the Spangdahlem SCS Spouse Scholarship Committee and subcommittees for accounting purposes.

APPLICANT'S INFORMATION
Name (Last, First, Middle):
Applicant's DOD Identification Number (found on ID card):
Current Mailing Address (APO):
Mobile Phone Number:
Additional Phone Number:
E-mail Address:
SPONSOR'S INFORMATION
Sponsor's Name:
Sponsor's DOD Identification Number:
Rank/Grade & Branch of Service:
SPONSOR'S INFORMATION (continued)

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Sponsor's Organization:
Organization Address:
Duty Phone Number:
Mobile Phone Number:
E-mail Address:

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Applicant's Last 4 digits of DOD ID#: _____

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INTENDED AREA OF STUDY		
Educational Institution (include mailing address for Registrar):	Degree Pursuing:	Expected Graduation Date (Month/Year):

EDUCATIONAL DATA		
High School where applicant received diploma (Name of School, City, State)	GPA	Graduation Date (Month/Year)

College, University, or Technical School(s) Attended (Name of School, City, State) *also indicate if currently enrolled	Major	Sem Hrs	Qrt Hrs	GPA	Dates Attended From Month/Year to Month/Year

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AWARDS/HONORS (Begin with the most recent)		
Name of Award/Honor & Organization	Description of Award/Honor	Date Received
<i>e.g. Volunteer of the Quarter, Spang AB</i>	<i>Base Volunteer recognition program</i>	<i>Dec 2018</i>

WORK HISTORY (List most recent employment first)			
Job Description (Include Job Title, Name of Organization & City, State as applicable)	Estimated Total Hrs	Date Employed From Mo/Yr – Mo/Yr	
<i>e.g. Field Office Assistant, American Red Cross, Spangdahlem, Germany</i>	<i>40/wk</i>	<i>Jul 21</i>	<i>Present</i>

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COMMUNITY INVOLVEMENT (List most recent first. Include volunteer work with service, religious and other community organizations for the last 4 years.)				
Organization (Name, City, State, Contact Info for verification purposes)	Position/Title	Estimated Total Hrs	Date Volunteered	
			From Mo/Yr – Mo/Yr	
<i>e.g. Girl Scout Troop #123 Spangdahlem Germany. Contact: Joan Smith, Girl Scout Area Council, 065656611.</i>	<i>Troop Leader</i>	<i>200</i>	<i>Sep 2017</i>	<i>Sep 2018</i>

NOTE: If you need additional space for AWARDS/HONORS, WORK HISTORY and/or COMMUNITY INVOLVEMENT, continue on blank white paper, typed and properly titled with last 4 digits of your DOD # in the upper right hand corner.

Directions for ESSAY: In 500 words or less, please respond to the prompt below. The essay must be double-spaced, typed using 12-point Times New Roman or Arial font. Place your last four digits of DoD ID# in the upper, right-hand corner and make sure all pages are numbered. Do not include your name.

Essay Prompt
<p>Note: Remember to put the last 4 digits of your DoD ID # in the upper right corner.</p> <p>Being a DoD dependent introduces spouses to a variety of backgrounds, cultures, and unique experiences that shape how they view both themselves, and the world, in meaningful ways. Share in what ways <i>your</i> experience as a DoD spouse has impacted your life and how you think that knowledge and understanding will play a part as you pursue your next educational step.</p>

Applicant's Last 4 digits of DOD ID#: _____

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CERTIFICATION LETTER

If I accept the Saber Community Spouses Club (SCSC) Scholarship Committee award, I certify I will abide by the following conditions:

1. I will use the scholarship funds within the 2023-2024 academic year.
2. I understand the scholarship funds awarded are to be used for tuition, course related fees, and books at an accredited college, university, or technical school. **Funds may not be used for housing, room, or board. Applicants will need to state where the funds should be applied.**
3. I understand that payment of scholarship awards will be made directly to my school. I must provide the Scholarship Committee with the name and address of the school the recipient will attend. If this information (or deferment notification) is not received by 20 November 2023, the award will be considered unclaimed and will be rolled back into the SCSC Fund.
4. I understand the scholarship award, when combined with other scholarships, must not exceed the cost of tuition, course related fees, and books for the academic year. Any remaining funds must be returned to SCSC by 1 April 2024. Checks must be mailed back to Saber Community Spouses Club, 52 SVS-SVA, Unit 3670 Box 170, APO AE 09126.
5. I will not be a recipient of the GI Bill or full scholarship from any other organization or entity (to include tuition, course related, fees, and books) within the 2023-2024 academic year.
6. In the event of withdrawal from the course or school, the full amount of the scholarship is required to be returned to SCSC. Funds will not be rolled over to a subsequent semester or school. In the event of a withdrawal, I will contact the committee immediately.
7. My sponsor is **NOT** projected to PCS prior to 15 May 2024.
8. I am a responsible citizen in good standing in the school and community.
9. It is my responsibility to notify SCSC of any changes of status (e.g. change of schools, change of address, deferment, etc.). Failure to do so may result in forfeiture of my scholarship award.
10. If any of the above conditions are violated, scholarship funds must be returned to SCSC.

I agree that my signature on this form will authorize the Saber Community Spouses Club Scholarship Chair to release this application and supporting documents to the Scholarship Committee as needed. In addition, I agree to be present for the scholarship to be presented at SCSC function, and my name and/or photograph may be printed in community publications and publicity channels as an award winner.

Finally, I certify that all information in this application is accurate to the best of my knowledge.

APPLICANT'S PRINTED NAME _____

SIGNATURE _____ **DATE** _____ [SEP]

SPONSOR'S PRINTED NAME _____

SIGNATURE _____ **DATE** _____ [SEP]

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