

# Tampa Bay Krewe Scholarship Program Application Form

(To recognize graduating high school seniors or current college students for academic achievement and to provide financial assistance)

## Objective

To provide financial assistance to aid graduating high school or current colligate students' aid to help defray the cost of college.

## Award Criteria

- Applicant must be a graduating high school senior in the final half of his/her school year, a high school graduate within six months of the application deadline, or a high school/current collage student currently attending a college or university, at least part-time.
- Applicant must be entering or be in a business or resource management field of study relating to financial/resource management (such as business administration, economics, public administration, accounting, finance etc.). Applicants that do not fall within these fields will not be considered.
- National ASMC Scholarship Submission. The National Scholarship program is designed to recognize graduating high school seniors for academic achievement, to provide financial assistance to seniors in order that they may accomplish their future financial management baccalaureate educational goals and to increase local scholarship programs. **Applications for a scholarship must be endorsed and submitted by an ASMC Chapter.** Submission will not be accepted directly from the high school counselors or students. The Tampa Bay Krewe President may submit up to two applications to the National Selection Committee. The National ASMC Committee will award eleven scholarships each year. One \$3,000 scholarship is awarded in honor of LTG James F. McCall, former Executive Director of ASMC. The recipient will demonstrate exemplary leadership abilities, clearly formed goals in the financial management career field, and academic promise. This winner may re-apply each year and receive \$1,500 for the following three academic years. Five \$2,000 scholarships will be awarded. Recipients may re-apply each year to receive \$1,000 for the following three academic years. Five \$1,000 scholarships will also be awarded. There will not be any follow on award after the initial award in this category. Notification of college enrollment will be required before disbursement of the scholarship check(s) to the chapter. The award presentations and names of recipients may be publicized at chapter meetings, in newsletters, and at [ww.asmcnline.org](http://ww.asmcnline.org).

## Submissions Requirements

- Applicant must have three letters of recommendation from (1) local ASMC chapter president or an Academic Institution Official.
- Applications from prior winners will require document support of a GPA of 3.0 or higher and a letter from the academic institution confirming continued work in the area of financial management.

## Award Selection Procedures

Applicant's scholastic achievements, leadership ability extracurricular activities, career/academic goals and financial needs will be considered. A selection panel, chaired by the Tampa Krewe Awards Committee, will review all applications received and make final recommendations to the Tampa Krewe Executive Committee, who will approve final award winners. Selection will be based on individual merit and other criteria outlined above.

## Recognition

Krewe will provide up **two** Scholarships at **\$1,000** each. Notification of course enrollment will be required before disbursement of the check(s). Scholarships will be presented to winners by the Chapter President. The recipients may be submitted for the National Award.

## Deadline

**Krewe must receive applications not later than 17 February 2012 to be considered by the selection panel. No exceptions to this deadline will be allowed.**

## For More Information

Tampa Bay ASMC Krewe Chapter  
Scholarship/Continuing Education  
Ms. Yulanda M. Knight  
[Yulanda.Knight@socom.mil](mailto:Yulanda.Knight@socom.mil)  
(813) 826-6002

## Send Electronic Submissions to:

Ms. Yulanda M. Knight  
[Yulanda.Knight@socom.mil](mailto:Yulanda.Knight@socom.mil)

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## Academic Information

Name of Institution: \_\_\_\_\_

Location: \_\_\_\_\_  
City State

Course of Study: \_\_\_\_\_

Date You Will Begin or Began: \_\_\_\_\_ Number of Credit Hours per Term: \_\_\_\_\_

Are you working toward a degree?

Yes \_\_\_\_\_ No \_\_\_\_\_ Degree \_\_\_\_\_

Are you currently receiving financial assistance? (Ex: Tuition Assistance, Montgomery GI Bill, other scholarships, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_ How much? \_\_\_\_\_

From \_\_\_\_\_

Will this scholarship be used to pay existing loans? Yes \_\_\_\_\_ No \_\_\_\_\_ How much? \_\_\_\_\_

Will this scholarship be used for expenses not covered with government/corporate tuition assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide a detailed listing? \_\_\_\_\_

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Attach an essay of 500 words or less. (Limit of one page MICROSOFT Word Document) Essay must address career and academic goals, financial need and any other circumstances. How will the education benefit you? What is your purpose for these funds?

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## Letters of Recommendation

Attach letter of recommendation. Letter of recommendation must address Applicant's scholastic achievements, leadership ability, extracurricular activities, career and academic goals and financial needs. (As applicable) The letter of recommendation must be from one of the following:

1. Local ASMC Chapter President
  2. Academic Institution Official
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*(Applications must be received by February 17, 2012)*

## Personal Information

Name: \_\_\_\_\_  
FIRST M.I. LAST

Home Address: *(Include Zip Code or APO/FPO #)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
DSN/FTS AREA CODE COMMERCIAL

E-Mail Address: \_\_\_\_\_

Current School or University: \_\_\_\_\_

School or University Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Grade/College Classification: \_\_\_\_\_

To the best of my knowledge, the information contained in this application is true and correct.

\_\_\_\_\_  
Applicant signature Date

## Chapter Endorsement *(Must be Chapter President)*

Name: \_\_\_\_\_  
RANK/GRADE FIRST M.I. LAST

\_\_\_\_\_  
Signature

Official Chapter Address: *(Include Zip Code or APO/FPO #, no sub-chapters)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
DSN/FTS AREA CODE COMMERCIAL DSN/FTS AREA CODE COMMERCIAL

E-Mail Address: \_\_\_\_\_