



The Chemical Corps Regimental Association Scholarship Program



1. Please print or type all information.
2. Please do not forget that the separate **PERSONAL STATEMENT ESSAY** must be completed and attached to this application.
3. Obtain a transcript (official or unofficial) or a copy of your grades, and a recommendation.
4. Transcripts and recommendation may be in sealed and separate envelopes but must be sent with the application.
5. All data submitted in support of this application becomes the property of Scholarship Managers (SM).
6. Applicants must be children or spouses of Chemical Corps Regimental Association (CCRA) members.

APPLICANT DATA: Mr. Ms. Miss Mrs. CHILD SPOUSE PART-TIME FULL-TIME

CHILDREN MUST BE FULL-TIME STUDENTS – SPOUSES MAY BE PART-TIME STUDENTS – SPOUSES MUST INDICATE THE NUMBER OF CREDIT HOURS TO BE TAKEN AND THE COST PER CREDIT HOUR \$

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____ Zip Code _____

Home Tel # () - Email _____

CCRA MEMBER DATA: CCRA Member # Branch of Service _____

Status i.e. Active, Reserve, National Guard _____ Pay Grade _____

Member Last Name _____ First Name _____ MI _____

Spouse Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____ Zip Code _____

Work Tel # () - Email _____

HIGH SCHOOL DATA: **Non-Weighted** Cumulative GPA (on a 4.0 basis). Please convert from numerical or letter grades.

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College Board Code # (Obtain from guidance office) Graduation Date: Month Year

Name _____

Street Address _____ Tel # () -

City _____ State _____ Zip Code _____ - _____

Principal's Name _____ Email _____

COLLEGE DATA: Cumulative GPA (on a 4.0 basis) This must be converted from numerical or letter grades.

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Please list the undergraduate US college/school you attend or the college(s)/school(s) where you have applied.

Name _____ City _____ State _____ Zip Code _____ - _____

Name _____ City _____ State _____ Zip Code _____ - _____

Name _____ City _____ State _____ Zip Code _____ - _____

Major _____ Graduation Date: Month (mm) Year (yyyy) Degree AA BA BS

HIGH SCHOOL AND COMMUNITY ACTIVITIES: during the last 4 years only. (IF MORE SPACE IS NEEDED PLEASE DUPLICATE THIS PAGE – RESUMES OR ANY OTHER FORMAT WILL NOT BE ACCEPTED)

Activity/Awards/Offices Held from mo/yr to mo/yr hrs per wk Activity/Awards/Offices Held from mo/yr to mo/yr hrs per wk

COLLEGE AND COMMUNITY ACTIVITIES: during the last 4 years only. (IF MORE SPACE IS NEEDED PLEASE DUPLICATE THIS PAGE – RESUMES OR ANY OTHER FORMAT WILL NOT BE ACCEPTED)

Activity/Awards/Offices Held from mo/yr to mo/yr hrs per wk Activity/Awards/Offices Held from mo/yr to mo/yr hrs per wk

WORK EXPERIENCE, FULL- OR PART-TIME: during the last 4 years only. (IF MORE SPACE IS NEEDED PLEASE DUPLICATE THIS PAGE – RESUMES OR ANY OTHER FORMAT WILL NOT BE ACCEPTED)

Position from mo/yr to mo/yr hrs per wk Position from mo/yr to mo/yr hrs per wk

TRANSCRIPT: All applicants must also submit a transcript or copy of their grades (unofficial transcripts are acceptable). The transcript may be in a sealed and separate envelope but it must be submitted with this application.

PERSONAL STATEMENT: Please write a brief statement that reflects why you wish to pursue a post-secondary degree and how you intend to use the skills you will learn in your future. The essay must be 500 words or less, typewritten or computer-generated, double spaced, no longer than 2 pages and stapled to this application. Please place your name in the upper right hand corner of each page of the essay.

AFFIDAVIT: The signatures below affirm that all the information provided in this application, and supporting documents, is true and complete to the best of our knowledge. If requested, we will provide proof. Failure to provide this proof shall invalidate this application and result in termination of any aid granted.

Signature of Applicant

Date

Signature of CCRA member

Date

Your request for aid becomes valid ONLY when this application & all supporting documents (transcripts and recommendation) are submitted together to:



**The Chemical Corps Regimental Association Scholarship Program
Scholarship Managers
PO Box 2810
Cherry Hill, NJ 08034**



POSTMARKED NO LATER THAN MARCH 1

Please make sure that all materials are returned in one envelope. Do not mail any documents separately!

The form and format of this application are protected by copyright. It is the sole possession of Scholarship Managers (SM). Please direct all inquiries to the address above, or: CALL (856) 616-9311 FAX (856) 616-9711
Email scholarshipmanagers@scholarshipmanagers.com