

La Societe des Quarante Hommes et Huit Cheveaux

POW/MIA COMMITTEE

SURVIVORS SCHOLARSHIP PROGRAM

Where As, those eligible to apply for scholarship funds shall be limited to the Spouse, Children, Grand Children, Great Grand Children, Great- Great Grand Children, Widow, or Widower of known and verified POW or MIA who served after December 7, 1941. The following criteria must be submitted with the first and all subsequent applications:

- A. Documentation of POW/MIA status (military records, certificates, etc.) needs to be submitted.
- B. The Application Form needs to be submitted.
- C. Verifiable documentation of relationship to the POW or MIA Veteran through whom the Application is being made.
- D. Written acceptance of enrollment by an accredited College, University, or Trade School in a Specific curriculum of study leading to a degree.
- E. Certified transcripts of the recipient's previous academic achievements is required.

Where As, the scholarship will be limited to a minimum of Five Hundred Dollars (\$500) per year, not to exceed four (4) years. The scholarship checks will be made to the order of the individual and the institution and will be mailed to the applicant's street address as listed on the application. The continuance of scholarship funding shall be determined by the committee after review of the recipient's academic scholastic rating which under NO CONDITION can be less than the equivalent of a "C" average.

The completed application and all other requested information MUST be post marked prior to JULY 15th of the current year.

Mailed To: Steven W. Slegers

Nationale Directeur POW/MIA Committee

8503 NE 13th St.

Vancouver, WA. 98664

steven.tink4748@gmail.com

cell: 503-348-9576

La Socite des Quarante Hommes et Huit Cheveaux

POW – MIA

SURVIVORS SCHOLARSHIP FUND

Produced by POW/MIA Committee

Edited by POW/MIA Committee

(Rev. April 2024)

APPLICATION INSTRUCTIONS

A. ___ TYPE OR PRINT ALL ANSWERS IN INK

B. ___ COMPLETE ALL QUESTIONS LEGIBLY

C. ___ ALL TRANSCRIPTS MUST BE ORIGINALS OR CERTIFIED COPIES

D. ___ INCLUDE ANY ADDITIONAL INFORMATION THAT WILL SUPPORT THE APPLICANT’S ELIGIBILITY.

**ALL SUCH SUPPORT DOCUMENTATION INCLUDING LETTERS OF RECOMMENDATION MUST BE
LEGIBLE**

**E. ___ AN ORIGINAL LETTER OF INTENT OR LETTER OF ACCEPTANCE FROM A RECOGNIZED AND
ACCREDITED COLLEGE, UNIVERSITY, OR TRADE SCHOOL INDICATING THE APPLICANT’S COURSE
OF STUDY AND STARTING DATE MUST ACCOMPANY THE APPLICATION TO BE CONSIDERED**

**F. ___ THE APPLICANT MUST COMPLETE A ESSAY OF AT LEAST 1000 WORDS RELATIVE TO ONE OF THE
FOLLOWING TOPICS: LAW AND ORDER, AMERICA’S ROLE IN THE WORLD TODAY, THE U.S.
CONSTITUTION OR AMERICANISM**

**G. ___ THE APPLICANT MUST WRITE A SHORT LETTER TELLING ABOUT THEMSELVES AND THEIR GOAL/S
TO INCLUDE SPORTS, ROTC, STUDENT GOVERNMENT, COMMUNITY SERVICE, ETC.**

**H. ___ THE APPLICATION MUST BE SIGNED, DATED, AND NOTARIZED, AND MAILED WITH A POSTMARK
NO LATER THAN JUY 30TH OF THE CURRENT YEAR**

POW – MIA

Survivors Scholarship Trust Fund

Application For Assistance

(Page One of Three) Date Rec'd by Dir: _____

APPLICANT: DATE: _____ **e-mail:** _____

NAME: _____

STREET ADDRESS: _____ **DATE OF BIRTH:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PHONE: _____ **CELL PHONE:** _____

MARITAL STATUS: **SINGLE:** _____ **MARRIED:** _____ **WIDOWED:** _____ **NO. OF DEPENDENTS:** _____

RESIDENCE: **OWN:** _____ **RENT:** _____ **LIVE AT HOME:** _____ **DORMITORY:** _____ **OTHER:** _____

VETERAN (POW OR MIA)

NAME OF VETERAN: _____ **RELATIONSHIP:** _____

SERVICE NUMBER: _____ **BRANCH OF SERVICE:** _____

DATES OF SERVICE: _____ **POW:** _____ **MIA:** _____

PLEASE EXPLAIN HOW YOU LEARNED OF THIS PROGRAM: (SPECIFY AGENCY, POST, DEPARTMENT, GRANDE, INDIVIDUAL, ETC. USE SEPARATE SHEET IF NEEDED) _____

ACADEMIC & PERSONAL HISTORY

SECONDARY SCHOOL (HIGH SCHOOL SENIORS ONLY):

INSTITUTION: _____ **DATES ATTENDED:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____ **GPA:** _____ **SAT SCORE:** _____

ROTC: YES NO ACTIVITIES: _____

AWARDS / HONORS: _____

*ATTACH CERTIFIED TRANSCRIPT

CURRENT COLLEGE, UNIVERSITY, TRADE SCHOOL

INSTITUTION: _____ DATES ATTENDED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NO: _____ COUNSELOR: _____

CURRICULUM: _____ GPA: _____ CLASS STANDING: _____

ATTENDANCE: PART TIME: _____ FULL TIME: _____ NUMBER OF CREDIT HOURS TAKEN: _____

HONORS, AWARDS, FELLOWSHIPS: _____

*ATTACH CERTIFIED TRANSCRIPT

SUBSEQUENT INSTITUTION IF OTHER THAN CURRENT

INSTITUTION: _____ DATES ATTENDED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NO: _____ COUNSELOR: _____

CURRICULUM: _____ GPA: _____ CLASS STANDING: _____

ATTENDANCE: PART TIME: _____ FULLTIME: _____ NUMBER OF CREDIT HOURS: _____

HONORS, AWARDS, FELLOWSHIPS: _____

*ATTACH CERTIFIED TRANSCRIPT