



# SKY SOLDIERS FOUNDATION

[www.skysoldiersfoundation.org](http://www.skysoldiersfoundation.org)

(Formerly 173d Airborne Brigade Association Foundation)



## SCHOLARSHIP APPLICATION FOR YEAR “ \_\_\_\_\_ ”

Place the last 4 digits of your Social Security Number (SSN) here: \_\_\_\_\_

*Thank you for your interest in the Sky Soldiers Foundation scholarship program*

### SCHOLARSHIP APPLICATION INSTRUCTIONS

- 1) Paper applications or documents will **NOT** be considered – complete the scholarship application using this fillable form – suggest you author the entry information in your word processor and copy and paste into this form, especially essay answers  
The form can be filled out using the Adobe Reader no cost “Fill and Sign” feature
- 2) The authorization and release agreement must be signed by applicant [plus parent or guardian if applicant is a child] for application to be considered
- 3) Questions or concerns, for proper consideration, must be submitted at least 45 days before first deadline in a separate email communication with subject line per item 4
- 4) In subject line type 173d SSF scholarship application – the year your - last name
- 5) Electronic submission to be by email and it is to be a single PDF file containing application and supporting documentation – picture (photo), transcripts, other
- 6) Application must be submitted by the applicant, from the applicant’s email account. Receipt will be acknowledged by return email with an application number
- 7) Fill the circles that are appropriate in the application and in this check off list
  - Authorization and release form
  - Photograph in uniform (duty or class A) or semi-formal civilian >2Mb at >200 dpi
  - Application fully filled out and as a single PDF file with supporting documentation
  - Transcripts included – indicate  High School or  College or  Technical School

**Wishing you good health, happiness and success in your studies and life.**



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### Authorization and Release Agreement

I hereby give my consent to the Sky Soldiers Foundation to photograph, film, videotape and then use, reproduce, and publish said images of me and/or my child/children. If required, I hereby authorize the Sky Soldiers Foundation to confirm my attendance and latest grade with listed educational institution by telephone and/or mail.

/

\_\_\_\_\_  
(Print full name applicant or representative)

\_\_\_\_\_  
(Relationship if applicant is a child: Parent or Guardian)

\_\_\_\_\_  
(Please print child's full name, include middle name)

I agree that photographs/negatives, film, or videotapes thereof shall constitute the sole property of the Sky Soldiers Foundation, with full right of disposition in any manner whatsoever, including the right to publish in Sky Soldier Magazine and on Sky Soldiers Foundation website (<http://skysoldiersfoundation.org>)

I hereby release the Sky Soldiers Foundation and assigns from any and all claims whatsoever in connection with the use, reproduction, publication of the images provided with this application thereof as described above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature for minor child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to minor child

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Home

\_\_\_\_\_  
Cell Telephone

\_\_\_\_\_  
E-mail



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\*email to [scholarship@skysoldiersfoundation.org](mailto:scholarship@skysoldiersfoundation.org) \*

Date: \_\_\_/\_\_\_/\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ 173d ABA Chapter \_\_\_\_\_  
(mm/dd/yyyy)

### PART I - SPONSOR AND APPLICANT INFORMATION

APPLICATION # \_\_\_\_\_

[Fill circle all that applies]

- A]  Active Duty  Gold Star Family  Veteran
- C]  Self  Spouse  Child  GChild  GGChild

- B]  Vietnam War & Era  Global War On Terror
- D]  Undergraduate  Technical  Post Graduate

### SPONSOR INFORMATION

Association Chapter/Member #: \_\_\_/\_\_\_\_\_

Last Name: \_\_\_\_\_ Sfx \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State (2 ltrs) \_\_\_\_\_

Zip Code \_\_\_\_\_ - \_\_\_\_\_ [If overseas fill below]

Country: \_\_\_\_\_ Mail Code \_\_\_\_\_

Tel.: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Dates of service with 173d Airborne Brigade

From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

Units: \_\_\_\_\_

Locations: \_\_\_\_\_

- YES  NO – **Agreement required for granting support** – allow the Foundation to provide your names (applicant and sponsor) and limited contact information with donors that require reports on beneficiaries and for our internal reports and audit
- YES  NO – Permission to share the story of Foundation’s support to you - will interview you and provide content of article or video about your story for your review and approval before publishing
- I read and understand the scholarship guidelines and the Sky Soldiers Foundation requirements

**Applicant Signature** \_\_\_\_\_

**Sponsor Signature** \_\_\_\_\_

### APPLICANT INFORMATION – LAST FOUR SSN \_\_\_\_\_

Last Name: \_\_\_\_\_ Sfx \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State (2 ltrs) \_\_\_\_\_

Zip Code \_\_\_\_\_ - \_\_\_\_\_ [If overseas fill below]

Country: \_\_\_\_\_ Mail Code \_\_\_\_\_

Tel.: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Last School attended \_\_\_\_\_

Last Grade Point Average \_\_\_ Date \_\_\_/\_\_\_/\_\_\_

#### **For Sky Soldiers Foundation internal use only**

Intake date: \_\_\_/\_\_\_/\_\_\_ Time - \_\_\_:\_\_\_  
(mm/dd/yyyy) Local 24hr

Individual \_\_\_\_\_ , \_\_\_\_\_  
Last name , First name

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code +4

Assigned Fund:  Scholarship

Application rated/processed: \_\_\_/\_\_\_/\_\_\_

Selected – sent to board : \_\_\_/\_\_\_/\_\_\_

Board  Approved  Denied: \_\_\_/\_\_\_/\_\_\_

If approved, amount awarded: \$ \_\_\_\_\_.

Decision notice send date: \_\_\_/\_\_\_/\_\_\_

**Payment sent date:** \_\_\_/\_\_\_/\_\_\_

**Payment Form:**  Check  Gift Card



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On each page place the last 4 digits of your Social Security Number (SSN) here: \_\_\_\_\_

\*\*\* For all essay answers use Calibri 14 Point Font (not bold) and 1.5 line spacing \*\*\*

### PART II - ESSAY – QUESTION 1

**What is your educational goal (Associate, Bachelor, Master, Doctorate, or Technical)?  
Include summary of what you have already accomplished towards that goal and dates**



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### PART II - ESSAY – QUESTION 2

**What service(s) have you provided or in what way you contributed to your community and/or civic/professional organizations of your interest – include dates of activity?**



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### PART II - ESSAY – QUESTION 3

**What Awards, Honors, Scholarships and Certificates have you received?**

**List the most prominent first and rest in most recent order– include dates on left side?**



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### PART II - ESSAY – QUESTION 4

- Active Duty? ○ Veteran? If so, what branch (Active, Reserve, NG) Rank, MOS, Awards, Badges, Combat Time(s), Specialized Training, as well as other military achievements
- Not in the military or a Veteran? what do you know about your sponsor's life - his/her military service and civilian job/contributions that inspired you to pursue your goals



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### PART III – SUPPLEMENTAL INFORMATION

List all transcripts with: Institution names - city and state - dates attended.

Additional transcripts information: Grades explanations, gaps in studies and date range

List all other supporting information included with application