SKY SOLDIERS FOUNDATION
www.skysoldiersfoundation.org
(Revised 01/18/2024)

**Scholarships are a living memorial to our fallen Sky Soldiers
from the Vietnam War, Iraq War, Afghanistan War and the Global War on Terror**

2024 Scholarship Application Guidelines Summary

This fund reaches out across the generations of Sky Soldiers and delivers our gratitude and financial assistance to active duty, KIA or separated living Sky Soldiers themselves and to their immediate families. All applicants must be post high-school and accepted into or enrolled in an institution of post high school education. All applicants who are qualified must be a regular member in good standing of the Association or sponsored by a regular member in good standing. An application is only valid when the fully completed application is received by the Foundation in a single PDF file. Prior to payment of award, selected applicants' acceptance to and/or attendance at institution will be verified and a recent photo must be submitted. Scholarship awards are limited to one per person in **perpetuity.**

Scholarship Application Format Overview

The most recent versions of Guidelines and Scholarship Application can be viewed and downloaded from the Sky Soldiers Foundation website www.skysoldiersfoundation.org through the link Scholarship. The timeline for the Scholarship Application process and awards are also posted and part of this form. Applicants should verify at the beginning of each year the timeline, download latest application form.

Instructions for filling out the application are with the Scholarship Application Form

PART I - PERSONAL INFORMATION
Please provide all the requested information to fully complete your personal profile, make sure that your Social Security Number (SSN) last 4 numbers are on every page where asked for anonymous tracking.

PART II – ESSAY – this section is sent to the evaluators
There is no right or wrong answer to the questions. Please answer all four questions, provide your most significant facts and achievements first, present information requested in the space provided. If more space is needed, copy questions on blank page, insert in form, mark continued and fill out.

PART III – SUPPLEMENTAL INFORMATION - this section is sent to the evaluators
Please provide a list of the supporting documentation that you are including with the scholarship application. After listing all included documentation, you can use this area to expand your answers or provide further clarification on any of the questions asked. Put a reference to Part and page number.

PART IV - ACADEMIC EVALUATION ***
THE PROCESS - All applicants will get a receipt with the serial number their application was assigned. Parts II and III are then extracted from the application and are tracked using the SSN last 4 numbers to guarantee fairness in the application evaluation. All packets are then assigned to at least three educators to independently assess, rate and rank in order of merit all applications Part II and III. The Foundation establishes the funds available for awards and then the funds are allocated per the ranking.

Sky Soldiers Foundation 1104 Bahama Dr. Orlando FL 32806-1440 scholarship@skysoldiersfoundation.org

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IMPORTANT 2024 SCHOLARSHIP DEADLINES

Check the Foundation website at the beginning of each year
for any changes to this schedule

Foundation will not give advice how to improve your application

*** ONLY If within 48 hours of submission no receipt is received by applicant for submitted Scholarship Application from the Chair - forward your originally sent email with Scholarship Application PDF file attachment to the Scholarship Committee *scholarship@skysoldiersfoundation.org,* in subject enter *"Sky Soldiers Foundation – Scholarship Application receipt question"*

February 1 – Applications cycle starts, Foundation's Scholarship Committee begins accepting Scholarship Applications

April 15 - Scholarship Application Deadline. Email with Application should have email time stamped by Applicant's email provider no later than by 23:59 EST on April 15. Applications should have been received by the Scholarship Committee Chairman plus applicant should have received an email from the Foundation confirming receipt and serial number; applicant to safeguard the receipt as proof of submission. Be advised that earlier is better if there are shortcomings that result in automatic rejection, allowing time to resubmit.

April 25 - Applications are sent to the Scholarship Committee for review.

May 10 - Scholarship Committee reports ranking of applicants to the Scholarship Committee Chairman.

May 17 - Final scholarship recipients' selection for awards is communicated to the Foundation Board. *Recipients are informed as to their tentative selection pending submission of a recent photograph.*

June 3 - Official announcement of scholarship recipients will be at the scheduled 173d Airborne Brigade Association Reunion

July 1 – Scholarship awards are mailed to the selected scholarship recipients

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SCHOLARSHIP APPLICATION FOR YEAR " 2024 "

*email to scholarship@skysoldiersfoundation.org *

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 and – your last name

5) Electronic submission to be by email and it is to be a single PDF file containing application and supporting documentation – transcripts and 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
   ○ 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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SCHOLARSHIP APPLICATION FOR YEAR " 2024 "

*email to scholarship@skysoldiersfoundation.org *

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

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 or my child/children. If required, I hereby authorize the Sky Soldiers Foundation to confirm my attendance and latest grade with listed educational institution/s by telephone, fax or mail.

Provide educational institution attending or accepted and committed to attend / Date returning to or start attending

_____ /_____
(Print full name of educational institution)   /   *(mm/ dd / yyyy)*

Applicant Information

_____
(Print full name of applicant, include middle name)

_____/_____/_____
Street Address   City   State   Zip Code
_____/_____/_____
Telephone Home   / Cell Telephone   /   E-mail

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 (mm/dd/yyyy)

_____/_____
If minor child - signature of parent or guardian   /   Print full name of parent or guardian   Date (mm/dd/yyyy)

_____
If parent or guardian - relationship to minor child and fill in address information below

_____/_____/_____
Street Address   City   State   Zip Code
_____/_____/_____
Telephone Home   / Cell Telephone   /   E-mail

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SCHOLARSHIP APPLICATION FOR YEAR " 2024 "

*email to scholarship@skysoldiersfoundation.org *

PART I - APPLICANT AND SPONSOR INFORMATION   APPLICATION # _____

[Fill in circles of all that apply in these forms plus for Sponsor and for Applicant]

o **Applicant** o **Sponsor - 173d Abn Bde Assoc. Chapter #** _____ **Member #** _____

APPLICANT INFORMATION – Last Four SSN _____

A] ○ Active Duty ○ Gold Star Family ○ Veteran
B] Sky Soldier ○ 20th Century ○ 21st Century
C] ○ Self ○ Spouse ○ Child ○ GChild ○ GGChild
D] ○ Undergraduate ○ Technical ○ Post Graduate

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 ___/___/_____

○ YES ○ NO **Agreement required for granting support** – allow Foundation to share names (applicant and sponsor) and limited contact information with donors that require reports on beneficiaries plus for our internal reports/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　　　　/ Date (mm/dd/yyyy)

Sponsor _____/_____
　　　　　　Signature　　　　/ Date (mm/dd/yyyy)

o SELF o SPONSOR - 173d Abn Bde Service Info

A] ○ Active Duty ○ Gold Star Family ○ Veteran
B] Sky Soldier ○ 20th Century ○ 21st Century

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: _____

_____

_____

_____

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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SCHOLARSHIP APPLICATION FOR YEAR " 2024 "

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

PART II - ESSAY – QUESTION 2

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

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SCHOLARSHIP APPLICATION FOR YEAR " 2024 "

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

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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SCHOLARSHIP APPLICATION FOR YEAR " 2024 "

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

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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SCHOLARSHIP APPLICATION FOR YEAR " 2024 "

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

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