|  |
| --- |
| GySgt Christopher W. Eckard  Scholarship Application  151 Buck Hollow Rd  Statesville, NC 28677 |

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| I am the (state relationship) |  | of (veteran’s name) |  |

|  |
| --- |
| **Photocopy of Certificate of Release from Active Duty (DD 214)**  **or**  **Certificate of Death (DD 1300)**  **must be attached** |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## Official Use Only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DD 214/ DD 1300 | YES | NO | G. P. A. 3.0+ | YES | NO |
| Transcript from school | YES | NO | Application Complete | YES | NO |
| Acceptance Letter | YES | NO | Financial Need | YES | NO |
| School Endorsements | YES | NO | Essay | YES | NO |
| Non-School Endorsements | YES | NO |  |  |  |

Explain your long-range goals for school and career. Describe what specific skills and personal values you want to foster in yourself to achieve these results.

## Community Involvement

Describe any community service/volunteer work in which you have been involved since 9th grade. If your community service/volunteer work was required, explain why.

Activities: List the school clubs, teams, church activities and/or organizations you belonged to or participated in since 9th grade. List accomplishments or honors earned.

Activities: List the non-school clubs, teams, church activities and/or organizations you belonged to or participated in since 9th grade. List accomplishments or honors earned.

## Essay

In 500 words if you were (are) considering a military career, explain what branch you would choose and why?

## Disclaimer and Signature

If I am selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to the GySgt Christopher W. Eckard Scholarship to use my likeness and name in announcing and promoting this scholarship program. I further understand scholarship checks will be made payable directly to the school. I understand and agree that the GySgt Christopher W. Eckard Scholarship Committee is solely responsible for the selection of the scholarship winner(s) and its decision is final. I have completed the application and attached the required documentation. I grant permission to the schools I attend to release information concerning my enrollment status, academic standing and financial need to the GySgt Christopher W. Eckard Scholarship for use in administering my scholarship. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in termination of the GySgt Christopher W. Eckard Scholarship.

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Signature: |  | Date: |  |

**PARENTAL SIGNATURE REQUIRED ONLY IF APPLICANT IS UNDER THE AGE OF 18**

If my child is selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to the GySgt Christopher W. Eckard Scholarship to use my child’s likeness and name in announcing and promoting this scholarship program. I further understand scholarship checks will be made payable directly to the school. I understand and agree that the GySgt Christopher W. Eckard Scholarship Committee is solely responsible for the selection of the scholarship winner(s) and its decision is final. My child has completed the scholarship application and attached the required documentation. I grant permission to the schools my child attends to release information concerning my child’s enrollment status, academic standing and financial need to the GySgt Christopher W. Eckard Scholarship for use in administering my child’s scholarship. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in termination of the GySgt Christopher W. Eckard Scholarship.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent’s Signature: |  | Date: |  |