

POW - MIA COMMITTEE
SURVIVORS SCHOLARSHIP PROGRAM

Where As, those eligible to apply for scholarship funds shall be limited to the Spouse, Children, Grand Children, Widow or Widower of known and verified POW's or MIA's who served after December 7, 1941 and meet the following criteria:

- A.) Verifiable documentation of relationship to the POW or MIA Veteran through whom the application is being made.
- B.) Written acceptance of enrollment by an accredited college or university in a specific curriculum of study leading to a degree.
- C.) Certified transcripts of the recipients previous academic achievements.
- D.) Demonstrate financial need.

Where As, the scholarship will initially be limited to the amount of Five Hundred (\$ 500.00) Dollars per year for (4) years. The scholarship funds shall be paid directly to the college or university in the name of the recipient. The continuance of scholarship funding shall be determined by the committee after review of the recipients academic scholastic rating which under no condition can be less than the equivalent of a " C " average.

This completed application and all other requested information
must be Post Marked prior to July 31, of current year

Mailed To:

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SURVIVORS SCHOLARSHIP FUND
Produced by Tommy Thompson
Edited by David R. Rabius

(Rev. October 2017)

APPLICATION INSTRUCTIONS

TYPE OR PRINT ALL ANSWERS IN INK

COMPLETE ALL QUESTIONS LEGIBLY

ALL TRANSCRIPTS MUST BE ORIGINALS OR CERTIFIED COPIES

**INCLUDE ANY ADDITIONAL INFORMATION THAT SUPPORTS THE APPLICANTS
ELIGIBILITY, ALL SUCH SUPPORT DOCUMENTATION INCLUDING LETTERS
OF RECOMMENDATION MUST BE LEGIBLE**

**AN ORIGINAL LETTER OF INTENT OR LETTER OF ACCEPTANCE
FROM A RECOGNIZED COLLEGE OR UNIVERSITY INDICATING THE
APPLICANTS COURSE OF STUDY AND STARTING DATE MUST
ACCOMPANY THE APPLICATION TO BE CONSIDERED**

**THE APPLICANT MUST COMPLETE A THESIS OF AT LEAST 1000 WORDS
RELATIVE TO ONE OF THE FOLLOWING TOPICS; LAW & ORDER, AMERICA'S
ROLE IN THE WORLD TODAY, THE U.S. CONSTITUTION, OR AMERICANISM**

**THE APPLICANT MUST WRITE A SHORT LETTER TELLING ABOUT
THEM SELVES AND THEIR GOALS.**

THE APPLICATION MUST BE SIGNED AND NOTARIZED

**POW - MIA
Survivors Scholarship Trust Fund
Application For Financial Assistance**

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APPLICANT

NAME: _____ **SSAN:** _____

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

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

TELEPHONE: (DAYTIME) _____ **(EVENINGS)** _____

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: _____ **SSAN:** _____

BRANCH OF SERVICE: _____ **DATES OF SERVICE:** _____

PRISONER OF WAR: _____ **MISSING IN ACTION:** _____ **DATE OF ACTION:** _____

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

ACADEMIC & PERSONAL HISTORY

SECONDARY SCHOOL :

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ **DATES ATTENDED:** _____

MAJOR: _____ **COUNSELOR** _____

GRADE POINT AVG: _____ **SAT SCORE:** _____ **ROTC:** YES: _____ NO: _____

ACTIVITIES: _____

AWARDS / HONORS: _____

(ATTACH CERTIFIED TRANSCRIPT)

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COLLEGE, UNIVERSITY, TRADE SCHOOLS, (OTHER):

INSTITUTION: _____ **DATES ATTENDED:** _____

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

PHONE NO: _____ **COUNSELOR:** _____

CURRICULUM: _____ **GPA:** _____ **CLASS STANDING:** _____ %

ATTENDANCE: _____ **PART-TIME** _____ **FULL-TIME** _____ **NO. OF CREDIT HOURS TAKEN** _____

ACTIVITIES; SPORTS, ROTC, STUDENT GOVERNMENT, ETC: _____

HONORS, AWARDS, FELLOWSHIPS: _____

(ATTACH CERTIFIED TRANSCRIPT)

EMPLOYMENT

WERE / ARE YOU EMPLOYED DURING SCHOOL ? _____ **PART-TIME:** _____ **FULL-TIME** _____ **SUMMER**

EMPLOYER : _____ **POSITION :** _____

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

PHONE NO : _____ **SUPERVISOR:** _____

TENURE: YRS. _____ **MOS.** _____ **NO. HOURS PER WEEK:** _____ **WAGE RATE:** _____

ARE YOU PLANNING TO GAIN EMPLOYMENT ? _____ **PART-TIME** _____ **FULL-TIME** _____ **SUMMERS**

EMPLOYER: _____ **POSITION:** _____

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

PHONE NO: _____ **SUPERVISOR:** _____

OTHER INCOMES / TRUSTS / SCHOLARSHIPS / ETC: (SPECIFY SOURCE & AMOUNT) _____

ANNUAL GROSS INCOME--FATHER OR STEPFATHERS \$ _____ **MOTHER OR STEPMOTHERS \$** _____

MILITARY SERVICE:

(ATTACH DD- 214)

WERE YOU EVER CONVICTED OF A CRIME (OTHER THAN TRAFFIC VIOLATIONS): YES: _____ NO: _____

IF YES ? (EXPLAIN): _____

**DO YOU NOW OR HAVE YOU EVER BELONGED TO OR PARTICIPATED WITH ANY ORGANIZATION WHICH
ABDICATES THE UNLAWFUL DESTRUCTION OF OUR GOVERNMENT, OUR CONSTITUTION OR THE RIGHT TO
DESECRATE THE FLAG OF OUR COUNTRY?** _____ **YES** _____ **NO** _____

IF YES GIVE DETAILS: _____

**I DO SOLEMNLY SWEAR TO PROTECT AND DEFEND THE CONSTITUTION OF THE UNITED STATES AGAINST ALL
ENEMIES FOREIGN AND DOMESTIC AND I DO FURTHER ATTEST THAT ALL OF THE INFORMATION
PROVIDED TO THE COMMITTEE THROUGH THIS DOCUMENT IS TRUE TO THE BEST OF MY KNOWLEDGE.**

SIGNATURE of APPLICANT:

NOTARY