

2023

MILITARY DEPENDENT CHILD
HIGH SCHOOL MERIT
SCHOLARSHIP APPLICATION PACKET

Sponsored by the
Maxwell-Gunter Spouses' Club

ALL APPLICATIONS MUST BE POST MARKED BY FEBRUARY 17, 2023
MAIL SCHOLARSHIP PACKET TO:

Maxwell-Gunter Spouses' Club (MGSC)
Attn: Scholarship Chairperson
P.O. Box 9935
Montgomery, AL 36108

The MGSC is dedicated to assisting various organizations with charitable donations and awarding college scholarships. Thanks to our hardworking volunteers at the Maxwell Thrift Shop, located in Building 851, 206 West Selfridge Street, Maxwell AFB, the MGSC can fund charitable endeavors such as these scholarships.

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This is a private organization. It is not part of the Department of Defense or any of its components and does not have government status.

Each year, the Maxwell-Gunter Spouses' Club (MGSC) proudly awards scholarships to high school students who exhibit potential and desire to complete a program leading to a college degree. Financial support for these awards is provided by the Maxwell Thrift Shop. Scholarships are awarded to the selected students based on academic excellence and involvement in the school and community.

Scholarship amounts will be determined by funding availability. All awards may not be given if candidates do not meet eligibility and selection criteria.

ELIGIBILITY REQUIREMENTS: At the time the scholarship application is due, students must meet the following criteria:

- Planning to seek undergraduate, associate, or similar degree/diploma from and accredited 2- or 4-year college, university, or vocational-technical school; **AND**
- Be a dependent of an Active Duty, National Guard, or Reserve military member assigned to Maxwell-Gunter, **OR** be the dependent of a Retired or Deceased military member; **OR** be the dependent of a sponsor whose military personnel flight is the 42d Force Support Squadron **AND**
- Reside within a 30-mile radius of Maxwell-Gunter AFB.

The Scholarship Committee shall determine eligibility. A separate/independent review committee will be the final determining body for awarded scholarships. Each recipient is notified by mail of his or her selection. The award will be withdrawn if the recipient fails to enroll in an institution of higher learning within six months of receiving said award.

SELECTION CRITERIA:

- Academic record (Official sealed transcripts must reflect an unweighted 3.0 GPA minimum, based on a 4.0 system)
- Test scores (SAT and/or ACT)
- Extracurricular activities (employment, community/volunteer service and club activities to include leadership roles, and honors/awards).
- Letter of recommendation
- Student Essay

SSN Last 4: _____

APPLICANT CHECKLIST

All applications must be postmarked **NO LATER THAN FRIDAY, FEBRUARY 17, 2023**. For more information contact: scholarshipsmgsc@gmail.com. Applicants will receive an email confirming receipt of their application by March 1, 2023. **Failure to complete these instructions correctly will result in disqualification. Use this checklist as you complete your application packet to include:**

___ 1. Completed Personal Data Sheet (Page 4).

___ 2. Counselor's Verification (Page 5). Transcripts must be included (officially sealed) from high school. SAT and/or ACT scores should be notated. ***Note: Homeschool students may mail their transcripts and test scores.**

___ 3. Completed Activity Data Sheet (pages 6-9). You may make additional copies of these forms, if needed, but the information must be submitted on this form. Do NOT submit a resume.

___ 4. Letter of Recommendation, no more than 250 words (page 10). This recommendation should be from an employer, teacher, or anyone you have contact with on a regular basis--someone who knows you and can attest to your character. It may NOT be from a family member. **Give a copy of the form to your reference and ask them to return it to you in a SEALED envelope with their signature over the seal.** A letter of recommendation **must** be included with your completed application.

___ 5. Student Essay: Attach a typed written essay of 350-500 words. Must be double spaced using 12 pt. font.

Describe a volunteer experience that you had and how it influenced your perspective on life.

- Do **NOT** use your name, school, or position so that the essay may be evaluated objectively.
- **Include the last 4 digits of your SSN at the bottom of the page(s)** for identification purposes. Without the number, your essays are not identifiable.

___ 6. Certification page (page 11)

___ 7. A photocopy of the front and back of your dependent ID card with all SSNs blacked out. Or a notarized letter attesting to your possession of a dependent ID card or arrange to show your ID card to Scholarship Chairperson.

___ 8. Mail completed application packet, post marked no later than **February 17, 2023**, (write in SSN Last 4 on bottom of each page) to:

Maxwell-Gunter Spouses' Club (MGSC)
Attn: Scholarship Chairperson
P.O. Box 9935
Montgomery, AL 36108

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PERSONAL DATA SHEET

APPLICANT'S INFORMATION	
NAME (Last, First, Middle):	
Applicant's Last 4 (SSN):	
Address (Street, City, State, Zip):	Name Of High School Currently Attending:
	Email Address:
Home Phone:	Cell Phone:
SPONSOR'S INFORMATION	
Sponsor's Eligibility Category: (Circle) Active-Duty National Guard Reserve Retired Deceased Deployed/Remote	
Sponsor's Name:	Sponsor's Rank:
Sponsor's Organization:	Sponsor's Last 4 (SSN):
Duty Phone:	Cell Phone:
Current Address if different than applicant:	Email address:
	Sponsor's ID Card Expiration Date:

How did you hear about our scholarship? (Google, Facebook, email, word of mouth, guidance counselor, other) _____

Is a family member in the Maxwell-Gunter Spouses Club? _____

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COUNSELOR'S VERIFICATION

THIS PAGE IS ONLY TO BE FILLED OUT BY THE APPLICANT'S HIGH SCHOOL GUIDANCE COUNSELOR

STUDENT SSN (last 4 digits) _____

GPA: Unweighted _____ Weighted _____

TEST SCORES:

SAT: Critical Reading _____ Verbal _____ Math _____

Total SAT score: _____ and/or

ACT: _____ (highest composite score)

Counselor's Signature _____

Date _____

COUNSELOR INSTRUCTIONS –please attach an **OFFICIAL COPY** of complete High School transcripts and this form **IN A SEALED ENVELOPE**. Please return the envelope to the scholarship applicant so they may mail the completed application to the address requested.

Thank you very much for your cooperation.

SSN Last 4: _____

ACTIVITY DATA SHEET (1)

Please detail your activities for each high school year and include the best estimated total number of hours over 4 years. *It is important that applicants provide all qualifying information in the application categories below. Please print out and attach additional sheets if necessary. Do NOT add a resume. Please see examples provided.

EDUCATIONAL DATA	
High Schools attended in grades 9-12 (Name, City, State)	Dates Attended From Mo/Yr. - To Mo/Yr.

EMPLOYMENT DATA Grades 9-12 only. List most recent PAID employment first with estimated hours worked each year. List each job on a separate line.		
Company and Job Title Responsibilities	Total Hours	Dates Employed From Mo/Yr. - To Mo/Yr.
Example: Chick-fil-A Team Member/Customer Service Greeting customers and completing transactions on cash register	12 per week 624 per yr.	6/2020 to Present

Total Hours of Employment _____

SSN Last 4: _____

ACTIVITY DATA SHEET (2)

VOLUNTEER COMMUNITY SERVICE Grades 9-12 only. Please list any volunteer work including school, community, church, etc. that you have been involved in. List leadership roles and responsibilities associated with each activity and total estimated hours. Verification of service may be required. Unpaid practicum/internships go here. List each activity on a separate line.		
Organization and Position/Title Role & Responsibilities	Estimated Total Hours	Dates of Service (9 th -12 th) From Mo/Yr. - To Mo/Yr.
Example: County Animal Shelter, Volunteer: Fed animals and cleaned crates, trained new volunteers	100	October 2018-February 2020
Example: Special Olympics, Track meet Timekeeper: I kept score of participants running times during track meeting	30	July 2018, 2019, 2020

Total hours of Service _____

SSN Last 4: _____

ACTIVITY DATA SHEET (3)

COMMUNITY OR CLUB ACTIVITIES: List athletics, clubs, band, or activities for high school and your community. Verification of participation may be required. Use one line for each activity. Please place the descriptive symbol in the appropriate column: HS-High School COM-Community P-President VP-Vice President S-Secretary T-Treasurer M-Member V-Varsity Sport C-Captain					
Organization/Activity (Name)	12 th Grade	11 th Grade	10 th Grade	9 th Grade	Description
Ex: Drama Club Ex: National Honor Society Ex: Regional Travel Soccer Club	HS-M HS-VP COM-C	HS-M HS-M COM-M	HS-M COM-M	COM-M	Acted in 2 plays Co-lead 2 activities Led team to championship

SSN Last 4: _____

LETTER OF RECOMMENDATION

Writer: Please return this letter of recommendation in a sealed envelope (with your signature over the envelope flap) to the applicant so that they may mail it with their completed application. Thank you.

Please write in 0 to 5 for each statement below.

0 **1** **2** **3** **4** **5**
Never Seldom Occasionally Usually Very Often Always

- ____ 1. Is polite and courteous
- ____ 2. Possesses good decision-making skills
- ____ 3. Handles difficult situations well
- ____ 4. Demonstrates good time management (Example turns in complete assignments promptly)
- ____ 5. Maintains good peer relationships
- ____ 6. Accepts responsibility and follows through
- ____ 7. Demonstrates integrity
- ____ 8. Is self-motivated
- ____ 9. Perseveres through commitment, regardless of difficulty

Please give your assessment of this applicant's potential for success in college. Indicate how long and in what capacity you have known the applicant. You may use the space provided OR attach a separate piece of paper to this form. **Do not use applicant's name. Do use "this candidate," "this applicant," "this individual" as judging is impartial, and names are not to be included.**

Applicant's last 4 of SSN _____

Reference Name _____

Reference Position and Phone Number _____

Date _____

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CERTIFICATION

I certify that the information in the application and activity data sheets is accurate to the best of my knowledge, and my essay is entirely my own effort. I further certify that I am a military dependent child in possession of a valid military ID in my name, and I meet all other MGSC Scholarship Award eligibility requirements. Should I accept an MGSC Scholarship Award, I acknowledge that the following restrictions apply:

1. The MGSC will send the scholarship award check directly to the accredited institution where the recipient's account is maintained. Recipients must be considered a full-time student and use the scholarship money before January 1, 2024. Unused funds will revert to the MGSC. If extensions are necessary, a letter asking for an extension and explaining circumstances must be postmarked by January 1, 2024 to the MGSC.
2. Acceptance of a military academy appointment will automatically terminate consideration for MGSC scholarships.
3. Children, wards, or spouses of any MGSC Scholarship Committee member are ineligible for a scholarship in the year that person serves.
4. Funds must be utilized at an accredited institution for individuals seeking a degree.
5. Should I accept an MGSC Scholarship Award and violate any of these restrictions, or if I failed to meet the eligibility requirements at the time the application was due, my sponsor and I agree to return all award money to the MGSC. Relinquished scholarship money will be dispersed at the discretion of the Scholarship Committee.
6. In accordance with the Privacy Act of 1974, I agree that my signature on this form will authorize the Scholarship Chairperson to release copies of my transcripts, scholarship application, the last 4 of my social security number, and other auxiliary data to the Scholarship Committee as needed.

Questions can be emailed to scholarshipsmgsc@gmail.com.

APPLICANT'S NAME (Print) _____

SSN (Last 4): xxx-xx-_____ PHONE _____

APPLICANT'S SIGNATURE: _____ DATE _____

SPONSOR'S SIGNATURE: _____ DATE _____

(Waived if Sponsor is deployed, on remote or deceased – Please indicate on signature line)

Please review your application prior to mailing. Only fully completed applications will be accepted by the MGSC. Failure to accurately follow directions will result in disqualification. Good Luck!

SSN Last 4: _____