



THE ARMED FORCES COMMUNICATIONS AND ELECTRONICS  
ASSOCIATION

*Huntsville "Rocket City" Chapter*

P.O. Box 11843

Huntsville, AL 35814

## EDUCATIONAL FOUNDATION

ARMED FORCES COMMUNICATIONS ELECTRONICS ASSOCIATION, HUNTSVILLE, AL  
CHAPTER, SCHOLARSHIP APPLICATION

### ELIGIBILITY CRITERIA

AFCEA awards merit-based scholarships to selected applicants based on the following:

- United States Citizen or permanent resident
- Registered Full-Time Student in an Accredited College or University pursuing a degree in the STEM-related fields of electrical, computer, chemical, aerospace or systems engineering; electronics; mathematics; computer science; physics; science or mathematics education; technology management; or management information systems.

For this 2015 Award Cycle, we will award two (2) Twenty Five Hundred (\$2500.00) scholarships to the most deserving students.

### Applicants

All narratives in excess of this form will not be recognized by the scholarship committee. Attachments other than those requested will be disregarded. **Resumes will not be accepted.** Your completed application form should be returned and your counselor/advisor must co-sign and date your application.

The completed application form with requested supporting documents and signatures must be postmarked by 31 March 2015. Please mail the complete application to:

HSV AFCEA  
2015 Scholarship  
P.O. Box 11843  
Huntsville, AL 35814

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

*Our Educational Foundation is a 501(c)(3) organization with Federal Tax ID number: 52-1645436*



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### PERSONAL DATA

Legal name: \_\_\_\_\_  
LAST FIRST MIDDLE

Permanent home address:

\_\_\_\_\_  
NUMBER & STREET

\_\_\_\_\_  
CITY OR TOWN COUNTY STATE ZIP

If different from the above, please give your mailing address for all correspondence:

Mailing address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

U.S. Citizen - Yes No

Permanent Resident - Yes No

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### **SCHOOL INFORMATION**

Name of Current  
College/University \_\_\_\_\_

Expected Graduation  
Date: \_\_\_\_\_

### **SCHOOL ACHIEVEMENT & LEADERSHIP**

Please list your school activities, offices held and awards or honors, include dates if applicable. Examples include clubs, sports, music, student government, theater, competitive teams, awards received, etc. No attachments.

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### **COMMUNITY ACTIVITIES and VOLUNTEER WORK**

Please list any club, civic, or church activities with which you have been involved without pay. Include names, dates, locations and leadership positions held. No attachments.

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### **PERSONAL STATEMENT**

Please write how this scholarship will help you achieve your educational goals. If there is any further information, including financial aid, that you think will help the scholarship committee make a decision in your favor, please write it below. We welcome information that will help us to differentiate you from others. No attachments.

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**LETTERS OF RECOMMENDATION** Please submit two (2) single page letters of  
recommendation attesting to your qualifications regarding this scholarship.

### To Be filled out by Counselor/Advisor:

This applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ students and has a cumulative  
grade point average of \_\_\_\_\_ on a \_\_\_\_\_ scale. If precise rank is not available,  
please indicate rank to the nearest tenth from the top. The rank is  
weighted/un-weighted (please circle one)

Counselor's name: \_\_\_\_\_  
LAST FIRST MIDDLE

Position: \_\_\_\_\_ School: \_\_\_\_\_

School Address: \_\_\_\_\_  
NUMBER & STREET CITY OR TOWN STATE ZIP

Office Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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### **TESTAMENT**

Both you and your school counselor or school official are required to sign below

**THE INFORMATION SUBMITTED IN THIS APPLICATION TO THE BEST OF MY  
KNOWLEDGE IS TRUE AND CORRECT.**

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APPLICANT SIGNATURE

DATE

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COUNSELOR'S SIGNATURE

DATE

### **STATEMENT BY THE STUDENT**

I hereby authorize my educational institution to release to AFCEA Chapter any information pertinent to the requested scholarship, including enrollment status, employment, and current address. I also authorize media announcements of my awards.

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SIGNATURE OF STUDENT

DATE

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FULL NAME (print or type)

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