*This scholarship seeks to reward students who are military dependent children, currently seeking degree or certificate at an accredited college, university, or technical school. If you meet all of the eligibility criteria, the MSoN encourages your submission by* ***April 12, 2019***

**I. General Information**

* Scholarships are awarded for excellence in academic performance, community service, extracurricular involvement, achievements, and leadership qualities, over the past 4 years. Additionally, written essays, and reference letters also considered
* This scholarship is administered by the Scholarships Committee of the MSoN
* The judges committee is comprised of a diverse group of MSoN members and base personnel
* All applications remain anonymous to the judges. The MSoN Scholarship Chairperson(s) will remove all personally identifying information on the applications and assign each a number before submitting to Scholarship Committee for scoring
* Applicants will be notified of results via email after May 15th
* Amount of award and number of recipients varies based on available funds and is determined by the Scholarships Committee and MSoN General Board
* Questions should be directed to the Scholarships Chair by emailing scholarships@milspousenewport.org

**II. Eligibility**

You must meet all of the following eligibility criteria to be considered for an award:

1. Must be a high school graduate, have completed a High School Equivalency Program (HEP) or General Education Development test (GED)
2. Minimum Grade Point Average (GPA) of 2.5 on a 4.0 scale, reflected by your most recent GPA
3. Must be a DEERS Dependent child possessing a current, valid military ID card of:
	1. An active duty military personnel, any branch, officer or enlisted, attached to a base in Rhode Island at the time of application submission
	2. Retired military (with pay) member, any branch, officer or enlisted, and resides in the state of Rhode Island.
	3. Deceased military (while on active duty or paid retired status) member, any branch, officer or enlisted, and resides in the state of Rhode Island
4. Must be enrolled in or have applied/been accepted to an accredited post-secondary institution or certification program in the United States
5. Not be a past recipient of any Military Spouses of Newport scholarship
6. Not be a dependent of, or related to, any member of the Scholarships Committee
7. Any student entering post-secondary education for the first time (Gap Year students) will be judged with the High School Senior applicants and should refer to that application

**NOTE**: An applicant who accepts an appointment to one of the service academies is ineligible to receive a scholarship. Applicants who receive a single full scholarship, covering tuition, room and board, and related fees are also ineligible to receive an award.

***Applicants will be considered without regard to race, color, religion, national origin, rank of sponsor, sex, age, or financial need.***

**III. Requirements**

For award consideration, your completed application package must fulfill all the following requirements:

1. You must meet all of the scholarship eligibility criteria.
2. You must submit a completed package. Including ALL of following:
	1. A completed *Military Spouses of Newport Dependent Child Scholarship Application 2019*
	2. A sealed, official copy of your most recent school transcripts. Transcripts should reflect all post-secondary education. Provide multiple transcripts if necessary. **Only originals or certified copies are acceptable and must be sealed by issuing institution.**
	3. Two letters of recommendation, **no longer than 1 page,** from persons **outside** of your family. Examples of acceptable sources for letters of recommendation include school faculty members, work supervisors, members of volunteer organizations, members of clergy, or members of the community who can attest to your character.
3. You must submit the application package to the Military Spouses of Newport Scholarships Committee 2019 by mail, **postmarked no later than April 12, 2019** to be considered for an award. It is recommended that you save the receipt of mail.

#### IV. Instructions

To be considered for an MSoN Scholarship award, all application packages must include the following components and comply with the stated instructions. ***Incomplete application packages will not be considered.*** Applicants must use a 2019 application. Earlier versions are null and void.

1. The application must be typed (type directly into the grey boxes) and held together with a clip, **NOT** stapled **NOR** folded. Downloadable versions found at [www.milspousenewport.org](http://www.milspousenewport.org). *If you are unable to type into the application, please send an email to:* *scholarships@milspousenewport.org* *for assistance.*
2. Sign and date the Military Spouses of Newport Scholarship 2019 Application in two places, the Privacy Act Acknowledgment and the Scholarship Application Certification, pages 4 and 9.
3. Include your most recent transcripts. All post-secondary schooling should be reflected.
4. Please list all of the information regarding extracurricular activities, club affiliations, memberships, awards, employment, etc., in the spaces provided only. **Do not attach any additional pages, personal statements, resumes, etc.** Clearly number and list your activities, awards, etc. in the charts provided.
5. Complete both the military influence statement and the essay section of the application, typed in the spaces provided, adhering to the instructions for each
6. Include **two** (2) letters of recommendation
7. **In addition** to a completed application package, **include 3** collated copies of your application, **sections 2-7**
8. All Scholarship Application packages must be submitted as hardcopies in a 10”x13” sized envelope, mailed to the address below and **postmarked by April 12, 2019. Hand-delivered NOR** **Electronic versions will be accepted**.

**Military Spouses of Newport**

 **Attn: Scholarships Committee 2019**

 **PO Box 5115**

 **Newport, RI 02841**

**V. Scholarship Awards**

Judging is completely anonymous; all identifiable information will be removed from applications before judging begins. The number and amount of awards varies, is determined by the committee and board, and based off the amount of available funds.

After judging all applicants will be notified via email of their status. Scholarship recipients and their immediate families are invited to attend MSoN Scholarship Awards Reception in early June 2019. The winners and their immediate families will be formally invited to attend.

The scholarship recipients’ monetary awards are for payment of tuition, books, mandated college or university room and board, and associated university fees only. Checks will be paid directly to the school or institution, and are intended for the upcoming academic year (2019-2020).

Upon winning an award each scholarship recipient must:

1. Return the completed School Information Sheet by Email the MSoN Scholarship Chair, No Later Than June 10, 2019. (*scholarships@milspousenewport.org*).
2. Submit a copy of your acceptance letter via email for disbursement verification.
3. Present a valid Military ID card to the Military Spouses of Newport, Scholarships Chair or Treasurer. This occurs at the reception or by other arrangement.

Scholarship monies are disbursed by June 30, 2019. The entire award must be utilized by March 31, 2020, or be returned to the Military Spouses of Newport Scholarship fund.

***If you have any questions about the application process or eligibility criteria, please contact the scholarship chairperson through the website*** [*www.milspousenewport.org*](http://www.milspousenewport.org) ***or by email at*** ***scholarships@milspousenewport.org***

Military Spouses of Newport

**Scholarship Application 2019**

**SECTION 1: APPLICANT PERSONAL INFORMATION**

***\*Type directly in the grey boxes****\**

**Name of Applicant -**

**Last:** **First:** **Middle:**

**Home Phone** **Cell Phone**

**Address**

**(Street, city, state, zip)**

**E-mail** **Sponsor’s Email**

**Date of Birth** **Male** **☐ Female** **☐**

**Military ID Card Number** **Expiration Date**

**Sponsor’s Name** **Branch of Service**

**Please mark sponsor’s affiliation: Active Duty****☐ Retired****☐ Deceased** **☐**

**Date of Arrival in Rhode Island** **Base attached to**

**School presently attending (if applicable)**

***Privacy Act***

*I acknowledge reading all the instructions pertaining to this application and fully understand the requirements stated therein. By signing below, I am verifying that the information I have provided to the Military Spouses of Newport Sponsored Scholarship Committee is accurate to the best of my knowledge and I consent freely to allow the Scholarship Committee to confirm all the information included therein. If selected, I agree to allow use of my name and picture for publication in local and NAVSTA Newport newspapers and media.*

*In addition, I understand the primary purpose of this information submitted is for the Military Spouses of Newport Scholarship Committee to judge my application for possible awarding of a 2019 scholarship. Disclosure of all information is voluntary; however, failure to provide this information may prevent the MSoN Scholarship Committee and its designated judges from properly judging your application packet and thus determining your eligibility for the award of a scholarship. All submitted information is used solely for the purpose of the award of a Military Spouses of Newport Scholarship and will not be used for any other purpose.*

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Signature of Applicant Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Sponsor, Parent or Guardian Date

*(Signature required acknowledging dependent child is applying with MSoN)*

*Do Not Attach Additional Information – Use format below*

**SECTION 2: ACADEMIC INFORMATION**

1. What college or university will you be attending in the fall of 2019?

1. What is your major field of study?

1. List colleges and schools attended, starting with the most recent:

# Name City, State Dates Attended

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1. Have you earned any degrees or certificates (post high school)? If yes, please list.

# Name City, State Degree/Certificate Earned

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**SECTION 3: EXTRACURRICULAR ACTIVITIES**

List any school or non-school sponsored sports, activities, and clubs in which you participated over the last 3 years; including duration of participation, any offices held, and any related honors or awards received.

# Activity Leadership Positions/ title Awards/Honors Dates

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**SECTION 4: COMMUNITY INVOLVEMENT AND EMPLOYMENT**

List all volunteer activities, memberships, and/or affiliations, including community groups/projects, organizations, and social groups (not previously listed), for which you were involved over the last 3 years.

***Dates of Participation Community Involvement/Organization Total Hours***

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**WORK EXPERIENCE (if applicable)**

List any employment and/or work experience (paid or unpaid) along with any position/offices held over the last 3 years.

***Employer Position Dates Hours/Week***

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**SECTION 5: AWARDS, ACHIEVEMENTS, RECOGNITIONS AND HONORS**

Please list accomplishments for which you have been recognized over the last 3 years (not previously listed).

# Organization Award/Honor/Achievement Date

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**SECTION 6: MILITARY INFLUENCE PERSONAL STATEMENT**

*Use the space provided to write a personal statement that is a maximum of 250 words using 12pt Times New Roman font. Statements are judged on, content of the message, writing ability,, grammar, and punctuation. After completing your statement, please provide a word count. Begin typing in the grey box.*

***Word Count:***

**How has being part of a military family impacted your life?**

**SECTION 7: ESSAY**

*Write an original essay answering the question below. Essays should be no more than 500 words and in 12 pt. Times New Roman font. Essays are judged on creativity, style, content, grammar, and punctuation. Complete the word count box below. Type directly into the grey boxes.*

***Essay Word Count:***

**Question: What is your favorite literary or historical quote and why? How does this quote impact or define you?**

**SECTION 8: Certification Letter**

**I verify that all information in this application package is accurate to the best of my knowledge, and that the essay and military influence statement are entirely my own work. I understand any false information will render this application invalid and make me ineligible for a scholarship award.**

**Furthermore, should I accept a scholarship award from the Military Spouses of Newport, I certify that I will abide by, and agree to, the following conditions:**

1. Scholarship funds are to be used for post-secondary studies at a college, university, technical school, or certification program.
2. Scholarship funds are to be used for tuition, fees, college or university mandated room and board, and books.
3. I will provide the Military Spouses of Newport my post-secondary school information, No Later Than, June 10, 2019.
4. Payment of funds will be made directly to my school and not to individual students. Any unaccepted funds will revert back to the Military Spouses of Newport.
5. If I accept appointment to a military academy with full benefits, a full ROTC scholarship, or another form of full scholarship covering tuition, fees, books, and institution room and board, I become ineligible for reception of the 2019 MSoN scholarship.
6. Award monies must be utilized by March 31,2020
7. It is my responsibility to notify the MSoN of any changes in status (address, school, etc.) Failure to do so may result in delays or forfeiture of award.
8. I am a responsible citizen and in good standing with the community
9. If I violate the above conditions, award monies are returned to the Military Spouses of Newport.

APPLICANT

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (print)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPONSOR

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_