

AVIATION BOATSWAIN'S MATES ASSOCIATION
ISABELLA M. GILLEN MEMORIAL SCHOLARSHIP FUND
APPLICATION CRITERIA AND INSTRUCTIONS

**Qualification - Applicant must be a dependent (family member) of an active, dues-paid member of the ABMA for at least two years to qualify for this scholarship.

1. Applications are due annually to the Scholarship Chairman not later than June 1st.
2. Application should be typewritten or printed.
3. The application must be arranged in the order described below:
 - a. Application of Required Facts. Carefully plan a response to each item before typing the final draft.
 - b. The applicant shall prepare a statement setting forth his/her vocational or professional goals and relate how past, present and future activities make the accomplishment of this goal probable. The letter must be signed.
 - c. Official transcripts of student grades from the beginning of the 9th grade to due date of application may be photocopies bearing an original signature of the proper school authority. SAT or ACT test scores, if included, may be photocopies.
 - d. Current dated, signed letters of recommendation from one person, but not totaling more than three, in authority from high schools, college, or trade schools attended by the applicant. Letter may cover the applicant's ability, work habits, leadership, personality and integrity.
 - e. No more than two letters of endorsement from responsible community (non-school related) persons. These persons should not be related to the applicant. They should be capable of reporting on the applicant's participation in the community in terms of work service, leadership, notable skills and outstanding recognition. Each letter should be typed, dated, and signed.
 - f. Copies of exhibits of achievement in scholarship, leadership, athletics, dramatics, community service or other activities may be attached – but, avoid being repetitious. It is preferable that exhibits such as awards and media items be photocopies.
4. Social Security Number is required for school and ABMA records. Upon receipt of "Verification of Enrollment" form from proper school officials, an ABMA check for the amount of the award will be forwarded to the college or university to establish credit for the student.
5. Submit application to:

Aviation Boatswain's Mates Association
Scholarship Chairman
Mr. Terry L. New
3193 Glastonbury Drive
Virginia Beach, Virginia 23453

AVIATION BOATSWAIN'S MATES ASSOCIATION

ISABELLA M. GILLEN MEMORIAL SCHOLARSHIP FUND

APPLICATION FORM

(Based on financial need, character, leadership and academic prowess)

Please read application criteria and instructions prior to completing the application!

Name: _____ Social Security Number: _____

Address: _____
Street City State ZIP

Phone: () _____ Email: _____

Date of Birth: _____ Place of Birth: _____ Age: _____ Sex: _____

SPONSOR INFORMATION

(Parent, step-parent, guardian or spouse)

Name of Sponsor (last, first, middle) Relationship of sponsor to applicant

Sponsor Address (number and street, city, state, zip code)

Last rank, rate or grade held | Sponsor SSN | Officer designator or enlisted rating

Name and address of current duty station or reserve unit

If deceased, give date and place of death

EDUCATIONAL INFORMATION

Name of high school(s) attended Dates Graduation Date

Name of colleges attended or attending Dates Graduation Date

Name and address of colleges to which applied: Accepted (yes or no)

Type or print on a separate sheet of paper your career objectives, the reasons you chose these objectives, and how you feel furthering your education will help accomplish these objectives.

WORK EXPERIENCE

Are you currently working? YES NO (working includes any type of job whether or not you are paid, e.g., work regularly in a family business, on family farm, or volunteer work) If so, give details.

FINANCIAL INFORMATION

Name of head of family	Relationship to applicant
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Occupation, if other than military service

Address if different from sponsor

Gross family income earned last year (all sources)	Net family income last year
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Anticipated gross family income earned this year (all sources)

Number of dependents:	Number of children in college (excluding applicant)
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List amount of tuition, room and board, and other fees for each college student.

APPLICANT'S FINANCIAL STATEMENT

(Funds which will be available for full school term (September – June))

Aid from parent or guardian (annual total)

\$

Educational resources received/ Awarded for next year	Veterans Benefits	Social Security	Applicants Savings and income
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Other resources	Loans \$ Source	Scholarship \$ Source	Grants \$ Source
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Additional comments: The applicant or parent may comment briefly on any specific financial circumstances that they desire to bring to the attention of the scholarship sponsor.

I certify that the above information is correct to the best of my knowledge.

Applicant's signature Date

Signature of parent or guardian Date
(either parent may sign)

LEADERSHIP ACTIVITIES
SCHOLASTIC

Honors and awards (state nature of honor or award)

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

Offices and positions of leadership (state name of organization and position)

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

Organizational membership where no office was held (state only major activities)

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

NON-SCHOOL RELATED CIVIC ACTIVITIES

Honors and awards (state nature of honor or award e.g., Eagle Scout (men) Gold Award (women))

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

Offices and positions of leadership (state name of organization and position)

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

NOTE: List additional honors and activities
