



Sarah Marjorie Kelley Scholarship Application

Women In Military Service For America Memorial Foundation, Inc.
200 N. Glebe Rd., Suite 400 • Arlington, VA 22203
703-533-1155 • 800-222-2294 • Fax 703-931-4208
hq@womensmemorial.org • www.womensmemorial.org

NOTE: Applicants selected to receive a Women's Memorial Foundation scholarship will be notified of the results.

Please type or print.

Name: _____ Social Security Number: _____
First Middle (Maiden) Last

Address: _____
Street Apt. #

City State Zip Code

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

How did you learn about the Scholarship? _____

Applying for a scholarship for the _____ term _____
Fall/Winter/ Spring/Summer Year

University/College: _____

Enrollment status: Full-time Part-time

If applying as a graduate student, complete the following:

Major: _____ Credit hours completed: _____ Overall GPA: _____

If applying as an undergraduate student, complete the following:

Freshman Sophomore Junior Senior Credit hours completed: _____ Overall GPA: _____

Major: _____ Major GPA: _____ Minor: _____

MILITARY SERVICE: Women's Memorial Registration Member #: _____

Branch of Service: _____ Highest Rank: _____ Dates of Service: _____

EMPLOYMENT (Last 2 Employers):

Position Employer Location Dates of Employment Phone Number

AWARDS & HONORS: _____

ACTIVITIES (extracurricular, professional, community): _____

Name: _____
First Middle (Maiden) Last

CAREER INTERESTS (ESSAYS)

Please respond to the following items. Limit your response to approximately 500 words (1 page equivalent) per item. Be sure to put your name on each sheet. Please print or type responses.

1. **Statement of interest:** Describe your career interests. Include a description of your long-term goals and how your education will enable you to attain them.
2. **Statement of prior accomplishments:** Describe what you believe have been the principal accomplishments in your life, including academic, professional or community activities.
3. **Proposed program/course emphasis:** Describe the objectives of your educational program and list your course of study for the requested semester.

DEMONSTRATION OF FINANCIAL NEED

List sources and amounts of all **financial assistance** (scholarships, fee/tuition waivers, grants, loans, etc.) you will receive in the academic term for which you are applying:

Source/Amount \$ _____
Source/Amount \$ _____
Source/Amount \$ _____
TOTAL ASSISTANCE \$ _____

List amounts of the following expenses for the academic term for which you are applying:

Tuition \$ _____
Books \$ _____
Fees \$ _____
TOTAL EXPENSES \$ _____

Total financial need is determined by subtracting the total of all assistance received from the total expenses.

TOTAL NEED \$ _____

Financial aid officer at your school

Name Position

Address Telephone E-mail

DEMONSTRATION OF ACADEMIC ABILITY

Attach or submit current academic transcripts from all post-secondary schools attended.

LETTERS OF RECOMMENDATION

Provide two letters of recommendation from individuals who are familiar with your accomplishments and career goals. At least one must be from a faculty member at your current college/university. List below the names of the two individuals you have asked to submit recommendations of your work or accomplishments.

Name Position

Address Telephone E-mail

Name Position

Address Telephone E-mail

I hereby certify that I am a United States citizen and that all of the information contained in my application and supporting materials is accurate.

Signature: _____ Date: _____