

APPLICATION FOR THE JOHN WILLIAMS POILLON MEMORIAL SCHOLARSHIP

Scholarship Applicant: The Poillon Scholarship seeks to assist High School graduates who are dependents of a military member or civilian employed on Fort Leavenworth with the costs of their continuing education. Please carefully read this application form and submit the requested information for consideration.

THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING ITEMS:

1. LETTER FROM APPLICANT ADDRESSED TO PRESIDENT, POILLON SCHOLARSHIP COMMITTEE. PLEASE INCLUDE MOTIVATION IN FURTHERING EDUCATIONAL AND VOCATIONAL PLANS FOR THE FUTURE.
2. TWO LETTERS OF RECOMMENDATION FROM PRINCIPAL, COUNSELORS, TEACHERS, EMPLOYER, FAMILY FRIEND, COACH, PASTOR, ETC. WHICH SHOW MERIT FOR GRANTING A SCHOLARSHIP. INDIVIDUALS WRITING LETTERS ARE REQUESTED TO IDENTIFY POSITION/TITLE AND HOW HE/SHE KNOWS APPLICANT.
3. RESUME LISTING THE FOLLOWING: LEADERSHIP POSITIONS, OFFICES HELD, HONORS RECEIVED WHILE IN HIGH SCHOOL (TEAM CAPTAIN, SUPERVISORY POSITIONS AT WORK, SCOUTING RANK/AWARDS, NATIONAL HONOR SOCIETY, ETC.); EXTRACURRICULAR SCHOOL ACTIVITIES, AND OTHER ACTIVITIES IN WHICH YOU HAVE PARTICIPATED (SPORTS, CLUBS, CIVIC/CHURCH ACTIVITIES, VOLUNTEER WORK, ETC.); AND WORK EXPERIENCE. PLEASE INCLUDE DATES FOR EACH ITEM LISTED. FOR VOLUNTEER WORK, PLEASE INCLUDE TOTAL HOURS FOR EACH VOLUNTEER OPPORTUNITY.
4. COPY OF CURRENT FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) REPORT.
5. TRANSCRIPT OF GRADES PROVIDED BY HIGH SCHOOL (CLASS STANDING, AND ACT/SAT SCORES). IF COLLEGE COURSES HAVE BEEN TAKEN, A TRANSCRIPT DEPCITING COLLEGE CREDIT IS ALSO REQUIRED.

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

NAME: _____

DATE OF BIRTH: _____ DATE OF APPLICATION: _____

HOME ADDRESS: _____

TELEPHONE NUMBERS (HOME/CELL): _____

PARENTS' OR GUARDIANS' NAMES: _____

WHERE IS PARENT OR GUARDIAN PRESENTLY STATIONED OR EMPLOYED AT FORT LEAVENWORTH? (RANK/JOB TITLE/LOCATION/PHONE NUMBER): _____

IF NOT PRESENTLY STATIONED OR EMPLOYED HERE, WHEN AND WHERE THEY WERE LAST STATIONED OR EMPLOYED AT FORT LEAVENWORTH? _____

SIGNATURE OF APPLICANT: _____

SIGNATURE OF PARENT/GUARDIAN: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AS THOROUGHLY AS POSSIBLE:

SCHOOL PRESENTLY ATTENDING AND ANTICIPATED GRADUATION DATE: _____

INSTITUTIONS YOU HAVE APPLIED FOR (FOLLOW-ON EDUCATION): _____

WHAT IS/ARE YOUR CHIEF SCHOLASTIC INTERESTS (ANTICIPATED MAJOR/MINOR): _____

PLEASE ESTIMATE YOUR HOUSEHOLD'S TOTAL YEARLY INCOME. CIRCLE ONE (**DO NOT**
SUBMIT TAX FORMS): \$0-\$55,000 \$55,001-90,000 \$90,001 to \$170,000

 \$170,000-\$210,000 \$210,000+

PLEASE LIST YOUR FAFSA STUDENT AID INDEX (PLEASE PROVIDE COPY OF FAFSA SAI):

DOES YOUR FAMILY HAVE ANY SPECIAL SITUATIONS OR HARDSHIPS THAT SHOULD BE
CONSIDERED BY THE SCHOLARSHIP COMMITTEE? IF SO PLEASE PROVIDE:

LIST SIBLINGS AND THEIR AGES. PLEASE DO NOT PROVIDE NAMES, JUST ANNOTATE
BROTHER OR SISTER. INDICATE THOSE WHO ARE PRESENTLY ATTENDING COLLEGE.
INDICATE THOSE WHO ARE NO LONGER LIVING AT HOME OR CLAIMED AS A
DEPENDENT:

WHAT WAS YOUR WEIGHTED AND UNWEIGHTED GPA IN HIGH SCHOOL? (PLEASE
ENCLOSE HIGH SCHOOL TRANSCRIPT WITH ISSUING SCHOOL'S SEAL):

WHAT WAS YOUR HIGH SCHOOL CLASS RANK, OUT OF HOW MANY TOTAL STUDENTS:

WHAT WAS YOUR HIGHEST COMPOSITE ACT OR SAT TEST SCORE? (PLEASE PROVIDE
TEST SUMMARY AS A SUPPORTING DOCUMENT):

IF YOU WERE A SCOUT, WHAT WAS YOUR HIGHEST RANK AND FROM WHAT SCOUTING
ORGANIZATION?:

DO YOU EXPECT TO WORK TO PAY FOR ANY OF YOUR COLLEGE EXPENSES? HOW?

LIST ANY OTHER SCHOLARSHIPS THAT YOU WILL BE RECEIVING THIS YEAR (ROTC,
ETC.). PLEASE ESTIMATE SCHOLARSHIP AMOUNTS AND INDICATE IF A SCHOLARSHIP
EQUALS FULL TUITION OR MORE:

PLEASE LIST ANY OTHER INFORMATION THAT YOU FEEL MAY BE APPLICABLE:

[illegible]