



USS BOXER Veterans Association Scholarship Application

I. NOMINEE'S IDENTIFICATION		
Full Name		
Last Name	First Name	Initial(s)
Current Address:		
City:	State:	Zip code:
Phone number:	Date of Birth (MM/DD/YYYY):	SSN (required for funds):
Father's Name:	Mother's Name:	Guardian's Name (if required):
Address (If not living at home):		
Relationship to USS BOXER Shipmate:	Signature of USS BOXER Shipmate:	
Address of USS BOXER Shipmate:		
II. NOMINEE'S SCHOLASTIC RECORD		
High School Name	Class Size	



USS BOXER Veterans Association Scholarship Application

Class Ranking			
<input type="checkbox"/> Top Tenth	<input type="checkbox"/> Top Quarter	<input type="checkbox"/> Top Half	<input type="checkbox"/> Other

College / University Name:

College / University Address:

City:	State:	Zip Code:
-------	--------	-----------

Grade Average:

_____ out of _____

Class Ranking			
<input type="checkbox"/> Top Tenth	<input type="checkbox"/> Top Quarter	<input type="checkbox"/> Top Half	<input type="checkbox"/> Other

Name of the school or college you plan to attend.

Address of the name of the school you plan to attend.

Please attach High School and/or College Transcripts or statement from Appropriate School Official

III. Will you be receiving any other scholarships, grants, or awards of monetary value.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If yes, how much do you expect to receive?

\$ _____

IV. Provide a short statement of your goals and career paths. (Attach additional sheets if necessary)



USS BOXER Veterans Association Scholarship Application

V. List your outstanding accomplishments and organization: Awards, memberships, offices held, etc. (Attach additional sheets if necessary).

VI. Your letters of recommendations and other pertinent information. Attach not more than five letter of recommendations, news clippings, or other printed material.

Nominee's Signature: _____ Date: _____