82D AIRBORNE DIVISION ASSOCIATION EDUCATIONAL FUND, INC. DEPENDENT SCHOLARSHIP GRANT APPLICATION (Feb 2018)

I, the undersigned, do hereby make application for a grant from the 82d Airborne Association Educational Fund, Inc. The Application is for the academic year beginning ______. Renewal Application **CIRCLE APPROPROPRIATE REQUEST**: Initial Application APPLICANT INFORMATION: Student's SSN: Student's Name: _____ Last First MI Home Address: _____ Complete Street Address Apt # Telephone # City Zip + 4State Student email address: Date of Birth: _____ Age: ____ High School: _____ School Name Telephone # State Zip + 4City Date of High School Graduation: Name of College and complete address to which Grant should be mailed: Course of Study Contemplated/Enrolled: _____ PARENT INFORMATION: Name of 82d Airborne Division Association Parent: Complete Address of Parent City State Zip Parent email address: ______ Phone number: _____ Airborne Unit (Past or Present): Time in Service (month/year to month/year): Association Card Number: ______ Year: _____ How long a member? _____ Occupation: Other Dependent children attending college:

REQUIRED BUDGET DATA AND CHECKLIST FOR DOCUMENTS – REVERSE SIDE Dependent (Feb 2018)

APPLICANT'S BUDGET

Give an estimate of your expenses and income for this year. Be exact where figures are known.

YOUR EXPE	NSES	YOUR INCOME	
Tuition	\$	Financial Support from Parents (Required) Personal Financial Support (i.e., savings, insurance)	ф
Room	\$		\$
			\$
Board	\$	Amount you expect to earn During school year/summer	\$
Books & Suppl	ies \$	Other Sources (specify)	\$
Clothing	\$		\$
Laundry	\$		\$
Transportation	\$		\$
Incidentals	\$		
Other (specify)	\$		
	\$		
TOTAL		TOTAL	\$
Signature of Applicant		Date	
REQUIRED D	OCUMENTS TO BE SUBMIT	TED WITH DEPENDENT APPLICATION	ON:
a.	Proof of admission to university/college (Initial Application only)		
b.	Letter(s) of recommendation (Initial Application only)		
c.	Most recent official transcript from college or high school		
d.	Personal letter from Applicant		
e.	Copy of first page of Association member's most recent IRS Form 1040 (Mother/Father/Legal		
Guardian*) or p	proof of substantial child suppor	t (See Appendix F, 82d Airborne Division	n Association's Awards
SOP) *Must sh	ow proof of Guardianship of Ap	pplicant.	
f.	Photograph, head and shoulders (Passport type minimum size).		
	Copy of page(s) from University/College Catalogue reflecting school's accreditation.		
		OT BE ACCEPTED AND WILL BE RET	
		STMARKED BY OCTOBER 15 TH OF T	

82D AIRBORNE DIVISION ASSOCIAITON EDUCATIONAL FUND PO BOX 87482 FAYETTEVILLE, NC 28304-7482

APPLICATION IS SUBMITTED AND MAILED TO THE FOLLOWING ADDRESS ONLY: