From: President, Patuxent River Chief Petty Officer Association

To: Patuxent River Chief Petty Officer Association

# Subj: PATUXENT RIVER CHIEF PETTY OFFICER ASSOCIATION SCHOLARSHIP PROGRAM

Encl: (1) Scholarship Application

1. To establish policy and procedures for the Patuxent River Chief Petty Officers Association Scholarship Program.

- 2. <u>Cancellation</u>. CPOA Scholarship Program Guidance Memo dated 20 January 2022.
- 3. Applicability. The Following personnel are eligible:
  - a. Children of members of the Patuxent River Chief Petty Officer Association.
  - b. Scholarships must be sponsored by a member in good standing.

c. Previous scholarship awardees are eligible as long as they meet the requirements for the application.

5. Requirements for Application.

a. Applicant must have a minimum 3.0 Grade Point Average (GPA) based on a 4.0 grading scale or a 3.5 GPA based on a 4.5 grading scale.

b. Scholarship must be utilized for pursuing their first Associate's Degree, Bachelor's Degree, Master's Degree, Trade, Technical or Vocational School Certification.

c. Students must be under 26 years of age and listed as a dependent of the sponsor.

d. Submit Enclosure (1) no later than April 1<sup>st</sup> of the calendar year of consideration.
6. <u>Applicant Selection.</u>

a. A special committee consisting of the Community Relations Chairman and a minimum of three members in good standing of the Patuxent River Chief Petty Officers Association.

b. Academic achievement, leadership, participation in school activities, community service, work experience, essay and letters of recommendation will be considered.

c. Award winner(s) must provide proof of acceptance or enrollment prior to receipt.

d. Award winner(s) will be announced at the May 2023 General Assembly.

Krispan Poulson K. J. POULSON

K. J. POULSON ATC(AW), USN





## **Applicant Information**

	Last Name:		First Name:		MI:	
Address:						
City:		State:	Zip Code:	e-mail:		
Phone:	Alt. Phone:					
Sponsor's Infor	mation					
Last Name:		First Name:		MI:	Rate:	
Relationship to Sponsor	l li la					
Sponsor's Status	ive Duty [	Reserve		Retired		
	chool or College Inf	ormation				
School Name:	chool or College Inf	ormation				
Current High S School Name: Address: City:	chool or College Inf	formation	Zip Code:	Country:		

## **Transcripts:**

Applicants must submit a certified copy of high school transcripts if applicant is a high school senior or college freshman. All college students must submit a copy of their college transcripts with current year fall grades. SAT or ACT test scores will not be required.

# Honors and Awards Received: (Please specify high school or college)

Honors and Awards

High School or College

Extracurricular Activities in School: (Please specify high school or college)

Honors and Awards

High School or College

**Community Activities:** 

**Employment Experience:** 

### Letters of Recommendation:

Include three letters of recommendation. Two must come from a teacher or school official. The third may be from another teacher, employer, religious leader, civic organization leader, or a Chief Petty Officer who has known the applicant for more than a year. Recommendations will not be accepted from family members, of friends of the family, or from the applicant.

### **Dependent's Identification Card:**

Provide a photo copy of the front of your dependent ID card attached to your application. Should you not provide a copy of your dependent ID card, please provide a photo copy of page 1 of your sponsor's DD-214.

#### **Personal Statement:**

Please attach a 200 to 500-word autobiographical essay in which you discuss significant experiences, community involvement, and the qualities of character and leadership qualities important in achieving your goals. Highlight those personal accomplishments, achievements, and experiences that have given you considerable satisfaction and have helped you form your character. Be sure to comment on your aspirations in terms of your education and career goals. Finally, explain the difference receiving this scholarship would mean in your life.

### **Certification:**

I affirm that the information provided on this Patuxent River CPOA Scholarship Fund Application is accurate and true to the best of my knowledge pursuant to the Family Educational Rights and Privacy Act of 1974, as amended (FERPA). I hereby authorize the Patuxent River CPOA Scholarship Fund to release scholarship application information provided by me as well as other official and unofficial information on my academic progress and status. I authorize permission for the Patuxent River CPOA Scholarship Fund to contact academic institutions for release of transcripts and any other pertinent information required for verification of submitted materials. I understand that awarding of scholarship funding can be denied based on false or misleading statements.

<b>Applicant's Signature:</b>	Date:

I affirm to the best of my knowledge that all information in this application is correct. I also understand that this Scholarship can be denied based on false or misleading information.

CPO Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Applications post marked after 01 April of the current year WILL NOT be considered.

#### Mail Application to:

Patuxent River CPOA C/O: Patuxent River CPOA Scholarship Fund P.O. Box 74 Patuxent River, MD 20670