



# Military Officers Association of America Pensacola Chapter

## SCHOLARSHIP APPLICATION

Please complete the below information and mail to:  
PMOAA SCHOLARSHIP, PO Box 17728, PENSACOLA, FL 32501-7728

*(Please print or type)*

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ROTC or Reserve Status: \_\_\_\_Yes \_\_\_\_No

Name, Rank Service of Sponsor (Father, Mother, Spouse or Grandparent):

\_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State Zip

Degree Seeking: \_\_\_\_\_ Major: \_\_\_\_\_

Total Credit Hours Earned/Cumulative GPA: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Colleges/Universities Attended and Dates: \_\_\_\_\_

\_\_\_\_\_

Awards/Honors: \_\_\_\_\_

*Please submit the following on a separate sheet of paper:*

1. List and describe your College/University Roles.
2. List and describe your Community Activities Leader Roles. *(Examples are helpful)*
3. List and describe any recent employment.
4. Do not forget to include your essay with your application. The topic is listed on the website information page under Essay Requirement. *(Any indication of plagiarism will result in disqualification.)*
5. Tell us why you should be selected.
6. Copy of your current Official College Transcript
7. This application must be signed by the applicant to be considered for approval.
8. Your ultimate education objective: Expand on your education objectives and how they may relate to your future career, i.e. "BS in Biology to pursue a career as a physician" etc.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_