

APPLICATION FOR CMSGT KEBIL MEMORIAL SCHOLARSHIP

FOR OFFICIAL USE ONLY

COMPLETION OF APPLICATION FORM

1. The entries on the application must be **COMPLETE AND ACCURATE**. They should be typewritten or printed legibly in black ink. When boxes are provided for answers, ensure that only one letter or number is written in each box.
2. Instructions for each box are printed beside the box. Read all instructions carefully before attempting to answer. Ensure all answers are accurate.
3. After this form has been completed, recheck all instructions and signatures, mail or email:

AF/A4LW

C/O 2W1 Career Field Manager (Chief Kebil Memorial Scholarship Program)

1030 Air Force Pentagon

Washington DC 20330-1030

Room 1E718A

Email: john.w.jordan16.mil@mail.mil

4. APPLICATIONS MUST BE POSTMARKED NOT LATER THAN 31 December. ANY POSTMARKED AFTER THAT DATE WILL NOT BE CONSIDERED.

PART I

STUDENT INFORMATION

1. Applicant's name: last, first, middle initial

2. Applicant's permanent mailing address: _____

3. Applicant's phone number: (_____) _____

4. Email (if available) _____

5. FAX # (if available) _____

6. Applicant's Social Security Number: _____

7. Applicant's status: (Circle One)

N = Natural born/legally adopted child

O = Other dependent child

8. Applicant's age and date of birth: _____/_____

9. Applicant's year in college during next school year: _____

1st (Freshman)

2nd (Sophomore)

3rd (Junior)

4th (Senior)

Other: _____

10. School(s) and location(s) applicant plans to attend if awarded a scholarship and tuition costs:

PART II

SPONSOR'S INFORMATION

1. Sponsor's full name _____

2. Sponsor's AFSC: _____

3. Sponsor's file/Service No./SSN: _____

4. Sponsor's last rank/pay grade: _____

5. Sponsor's status:

A = Presently on active duty

B = Retired

C = Deceased

D = Died on active duty

E = Reserve/National Guard

6. Date and location of Sponsor's last assignment: _____

7. Father's present occupation:

8. Mother's present occupation:

9. Sponsor's mailing address: _____

10. Sponsor's telephone number: (____) _____

11. Email (if available) _____

12. FAX # (if available) _____

13. Sponsor's current marital status:

S = Single

W = Widowed

M = Married

X = Separated

D = Divorced

14. Sponsor's state of legal residence: _____

PART III

**FINANCIAL INFORMATION
FOR
CHILDREN APPLICANTS ONLY**

YES NO

1. Will the student live with the parents/guardian during the upcoming school year? _____

2. Will the parents/guardian claim the student as income tax exemption? _____

3. Ages of children in applicant's parents household during the upcoming school year: _____, _____, _____, _____, _____, _____.
(Include the applicant even if he/she does not live at home during the school year. Include _____ other people that are supported by the head of household and are listed in income tax returns).

4. Of those children listed in No. 3, how many will be in college/accredited institution during the upcoming school year?
_____ (full time) _____ (part time).

5. Of those listed, how many are receiving financial assistance? _____.

6. What is the annual monetary amount received by each listed in No. 5 above?
_____.

7. Income and expense information:
 - a. A copy of this year's 1040, 1040A, 1040EZ Form, or electronically transmitted equivalent must be submitted, as applicable, for parent/guardian and applicant. Submit one for mother and father, if filing separately.

 - b. Taxable income:

| | |
|-----------------------------------|-------|
| <u>Father (filing separately)</u> | _____ |
| <u>Mother (separately)</u> | _____ |
| <u>Jointly</u> | _____ |
| <u>Total</u> | _____ |

CHILDREN APPLICANTS (Continued)

c. Non-taxable income:

1) Non-taxable income for active duty: (whether living in government quarters or not).

AMT PER MO NO OF MOS TOTAL FOR YR

Sponsor BAQ/BAS
Entitlement

VHA for Zip Code

2) All other non-taxable income received by family:

INCOME TYPE AMT PER MO NO OF MOS TOTAL FOR YR

d. Total yearly taxable and non-taxable income: _____

e. Total taxable income of applicant: _____

f. Medical and dental expenses not paid by insurance: _____

Explain: _____

8. Any other personal or financial hardship(s) for the board's consideration (may include upcoming events occurring in the scholarship year):

(retirements, exceptional family member, single parent household, physical handicaps, etc.).