**A logo with text in a circle

Description automatically generated**

**Women In Defense, A National Security Organization**

**Tennessee Valley Chapter**

**http://wid-tvc.org/awards-scholarships/**

**Application MUST be completed in full**, but only send items requested. Do not include extra items such as copies of awards, certificates, or photographs. Only students meeting eligibility requirements will be considered—no exceptions. Only applicants selected to receive a scholarship will be notified of the results. Recipients will be posted on the website (**http://wid-tvc.org)**, so please check periodically (no inquiries, please).

**DEADLINE:** March 31, 2024.

**I. ABOUT YOU. For this section, please print legibly or type.**

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

First Middle Last

Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State Zip

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell

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

How did you learn about the scholarship?

Applying for a WID-TVC scholarship for the academic year:

University/College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check enrollment status ❒ Full-time ❒ Part-time Are you a citizen of the United States? ❒ Yes ❒ No

If applying as a graduate student, complete the following:

Major Credit hours completed: Overall GPA:

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If applying as an undergraduate student, check & complete the following:

Junior Senior Credit hours: Completed Overall GPA:

Major GPA

Minor GPA (if applicable)

**1. EMPLOYMENT.** List last two employers. Do NOT submit a resume in lieu of the following list. Include the name of the employer, your position, and the dates of your employment.

**Employer:**

**Position:**

**Dates:**

**Employer:**

**Position:**

**Dates:**

**2. AWARDS & HONORS**. Do NOT include copies of certificates.

**3. ACTIVITIES**. Extracurricular, professional, community—during the **last 12 months only**.

**This form may be freely reproduced.**

**II. ESSAY—DEMONSTRATION OF INTEREST IN A CAREER IN NATIONAL SECURITY OR DEFENSE**

**Attach no more than one page to answer all three of the following. Minimum: 500 words; maximum: 600 total words.** Responses must be typed and single-spaced. Include your name on the sheet.

1. Statement of interest: Describe your interest in pursuing a career in national security or defense. Include a description of your long-term goals as they relate to that career.
2. Statement of prior accomplishments: Describe what you believe have been the principal accomplishments in your life that relate to your professional goals, including academic, professional, or community activities.
3. Proposed program/course emphasis: Describe the objectives of your educational program and list your course of study for the semester, relating them back to your national security or defense career plans.

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**III. DEMONSTRATION OF FINANCIAL NEED**

List sources and amounts of all **financial assistance** (scholarships, fee/tuition waivers, grants, loans, etc.) you will receive in the fall academic term.

**Failure to disclose this information will disqualify you.**

1. Source/Amount $
2. Source/Amount $
3. Source/Amount $
4. Source/Amount $

**TOTAL ASSISTANCE** $:

**Financial aid officer at your school:**

Name:

Position:

Address:

Telephone:

Email:

List **expenses** for the fall academic term.

Tuition $

Books $

Fees $

**TOTAL EXPENSES** $

**TOTAL NEED** $

(subtract the total of assistance received from total expenses)

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**IV. DEMONSTRATION OF ACADEMIC ABILITY**

Provide official academic transcripts from all post-secondary schools attended.

**V. LETTERS OF RECOMMENDATION**

Provide two letters of recommendation from individuals who are familiar with your accomplishments and career goals. At least one must be from a faculty member at your current college/university. List below the names of the two individuals you have asked to submit recommendations of your work or accomplishments.

Name:

Position:

Address:

Telephone:

E-mail:

Name:

Position:

Address:

Telephone:

E-mail:

**VI. SUBMISSION.** *I hereby certify that I am a United States citizen* ***(provide copy of birth certificate or first page of passport)*** *and that all of the information contained in my application and supporting materials is accurate.*

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

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

Please email this completed form and all supporting documentation to WIDTVC.ScholarshipDirector@gmail.com. Official transcripts can be emailed to [WIDTVC.ScholarshipDirector@gmail.com](mailto:WIDTVC.ScholarshipDirector@gmail.com).

**This form may be freely reproduced.**

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