**La Societe des Quarante Hommes et Huit Cheveaux**

**POW/MIA COMMITTEE**

**SURVIVORS SCHOLARSHIP PROGRAM**

**Where As, those eligible to apply for scholarship funds shall be limited to the Spouse, Children, Grand Children, Great Grand Children, Widow, or Widower of known and verified POW or MIA who served after December 7, 1941. The following criteria must be submitted with the first and all subsequent applications:**

**A. Documentation of POW/MIA status (military records, certificates, etc.) needs to be submitted.**

**B. The Application Form needs to be submitted.**

**C. Verifiable documentation of relationship to the POW or MIA Veteran through whom the**

**Application is being made.**

**D. Written acceptance of enrollment by an accredited College, University, or Trade School in a**

**specific curriculum of study leading to a degree.**

**E. Certified transcripts of the recipient’s previous academic achievements is required.**

**Where As, the scholarship will be limited to a minimum of Five Hundred Dollars ($500) per year, not to exceed four (4) years. The scholarship checks will be made to the order of the individual and the institution and will be mailed to the applicant’s street address as listed on the application. The continuance of scholarship funding shall be determined by the committee after review of the recipient’s academic scholastic rating which under NO CONDITION can be less than the equivalent of a “C” average.**

**The completed application and all other requested information MUST be post marked prior to JULY 15th of the current year.**

**Mailed To: Steven W. Slegers**

**Nationale Directeur POW/MIA Committee**

**8503 NE 13th St.**

**Vancouver, WA. 98664**

[**s.t.slegers@q.com**](mailto:s.t.slegers@q.com)

**cell: 503-348-9576**

**La Socite des Quarante Hommes et Huit Cheveaux**

**POW – MIA**

**SURVIVORS SCHOLARSHIP FUND**

**Produced by POW/MIA Committee**

**Edited by POW/MIA Committee**

**(Rev. June 2023)**

**APPLICATION INSTRUCTIONS**

**A.\_\_\_TYPE OR PRINT ALL ANSWERS IN INK**

**B.\_\_\_COMPLETE ALL QUESTIONS LEGIBLY**

**c.\_\_\_ALL TRANSCRIPTS MUST BE ORIGINALS OR CERTIFIED COPIES**

**D.\_\_\_INLUDE ANY ADDITIONAL INFORMATION THAT WILL SUPPORT THE APPLICANT’S ELIGIBILITY.**

**ALL SUCH SUPPORT DOCUMENTATION INCLUDING LETTERS OF RECOMMENDATION MUST BE**

**LEGIBLE**

**E.\_\_\_AN ORIGINAL LETTER OF INTENT OR LETTER OF ACCEPTANCE FROM A RECOGNIZED AND**

**ACCREDITED COLLEGE, UNIVERSITY, OR TRADE SCHOOL INDICATING THE APPLICANT’S COURSE**

**OF STUDY AND STARTING DATE MUST ACCOMPANY THE APPLICATION TO BE CONSIDERED**

**F.\_\_\_THE APPLICANT MUST COMPLETE A ESSAY OF AT LEAST 1000 WORDS RELATIVE TO ONE OF THE**

**FOLLOWING TOPICS: LAW AND ORDER, AMERICA’S ROLE IN THE WORLD TODAY, THE U.S.**

**CONSTITUTION OR AMERICANISM**

**G.\_\_\_THE APPLICANT MUST WRITE A SHORT LETTER TELLING ABOUT THEMSELVES AND THEIR GOAL/S**

**TO INCLUDE SPORTS, ROTC, STUDENT GOVERNMENT, COMMLUNITY SERVICE, ETC.**

**H.\_\_\_THE APPLICATION MUST BE SIGNED, DATED, AND NOTARIZED, AND MAILED WITH A POSTMARK**

**NO LATER THAN JUY 15TH OF THE CURRENT YEAR**

**POW – MIA**

**Survivors Scholarship Trust Fund**

**Application For Assistance**

**(Page One of Three)**  **Date Rec’d by Dir:**\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT: DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **e-mail:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STREET ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MARITAL STATUS: SINGLE:\_\_\_\_\_\_ MARRIED:\_\_\_\_\_\_ WIDOWED:\_\_\_\_\_\_ NO. OF DEPENDENTS:\_\_\_\_\_**

**RESIDENCE: OWN:\_\_\_\_RENT:\_\_\_\_LIVE AT HOME:\_\_\_\_DORMITORY:\_\_\_\_OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VETERAN (POW OR MIA)**

**NAME OF VETERAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SERVICE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BRANCH OF SERVICE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATES OF SERVICE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POW:\_\_\_\_\_\_\_\_\_\_\_\_ MIA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE EXPLAIN HOW YOU LEARNED OF THIS PROGRAM: (SPECIFY AGENCY, POST, DEPARTMENT, GRANDE, INDIVIDUAL, ETC. USE SEPARATE SHEET IF NEEDED)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ACADEMIC & PERSONAL HISTORY**

**SECONDARY SCHOOL (HIGH SCHOOL SENIORS ONLY):**

**INSTITUTION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATES ATTENDED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE:\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GPA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SAT SCORE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Page Two of Three)**

**ROTC: YES NO ACTIVITIES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**AWARDS / HONORS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\*ATTACH CERTIFIED TRANSCRIPT**

**CURRENT COLLEGE, UNIVERSITY, TRADE SCHOOL**

**INSTITUTION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATES ATTENDED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE:\_\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_**

**PHONE NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNSELOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRICULUM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GPA:\_\_\_\_\_\_\_\_\_\_\_\_CLASS STANDING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTENDANCE: PART TIME:\_\_\_\_\_ FULL TIME:\_\_\_\_\_ NUMBER OF CREDIT HOURS TAKEN:\_\_\_\_\_\_\_\_\_\_\_**

**HONORS, AWARDS, FELLOWSHIPS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\*ATTACH CERTIFIED TRANSCRIPT**

**SUBSEQUENT INSTITUTION IF OTHER THAN CURRENT**

**INSTITUTION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATES ATTENDED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE:\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_**

**PHONE NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNSELOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRICULUM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GPA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CLASS STANDING:\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTENDANCE: PART TIME:\_\_\_\_\_\_ FULLTIME:\_\_\_\_\_\_ NUMBER OF CREDIT HOURS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HONORS, AWARDS, FELLOWSHIPS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*ATTACH CERTIFIED TRANSCRIPT**

**(Page Three of Three)**

**EMPLOYMENT**

**WERE / ARE YOU EMPLOYED DURING SCHOOL? PART TIME:\_\_\_\_\_ FULL TIME:\_\_\_\_\_ SUMMER:\_\_\_\_**

**EMPLOYER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSITION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE:\_\_\_\_\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_**

**PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SUPERVISOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MILITARY SERVICE (ATTACH DD-214):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**WERE YOU EVER CONVICTED OF A CRIME (OTHER THAN TRAFFIC VIOLATIONS): YES:\_\_\_\_\_ NO:\_\_\_\_\_**

**IF YES, EXPLAIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**DO YOU NOW OR HAVE YOU EVER BELONGED TO OR PARTICIPATED WITH ANY ORGANIZATION WHICH ADVOCATES THE UNLAWFUL DESTRUCTION OF OUR GOVERNMENT, OUR CONSTITUTION, OR THE RIGHT TO DESECRATE THE FLAG OF OUR COUNTRY? YES:\_\_\_\_\_ NO:\_\_\_\_\_**

**IF YES, GIVE DETAILS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**I DO SOLEMNLY SWEAR TO PROTECT AND DEFEND THE CONSTITUTION OF THE UNITED STATES OF AMERICA AGAINST ALL ENEMIES FOREIGN AND DOMESTIC, AND THAT I DO FURTHER ATTEST THAT ALL OF THE INFORMATION PROVIDED TO THE COMMITTEE THROUGH THIS DOCUMENT IS TRUE TO THE BEST OF MY KNOWLEDGE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE / DATE OF APPLICANT NOTARY SIGNATURE /SEAL /DATE**