



Chief Warrant Officer John A. Keller-CWOA Scholarship Grant Application

APPLICANT INFORMATION

Name (Last, First, Middle)		Age
Mailing Address		
(Number, Street, RFD or P. O. Box)	(City)	(State) (Zip Code)
Telephone Number:	Email Address:	
Present Grade Level in School is:	Presently enrolled in an accredited institution for post-secondary education?	
High School - Senior <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College - (1) (2) (3) (4) <input type="checkbox"/>	If yes, Name of Institution	

I hereby apply for consideration of a scholarship grant to attend an accredited institution of higher learning above high school. Attached is my essay setting forth my reason(s) for pursuing post secondary education.

(School I am planning to attend)	Major	(Signature of Applicant)
----------------------------------	-------	--------------------------

SPONSOR INFORMATION

Name (Last, First, Middle)	Rate Specialty/Rank
Date first entered Coast Guard/Coast Guard Reserve	Current Duty Station

IF SPONSOR IS DECEASED, COMPLETE THE FOLLOWING

Date of Death	Status at time of Death	Coast Guard (Active Duty) <input type="checkbox"/>	Coast Guard (Retired) <input type="checkbox"/>	Coast Guard Reserve <input type="checkbox"/>
---------------	-------------------------	--	--	--

The above information is submitted for the purpose of determining my status as a dependent child of a member of the CWOA, USCG.

SPONSOR CERTIFICATION

1. I am a member in good standing of the CWOA, USCG and this application is submitted with my approval. The applicant is eligible for consideration of a CWO John A. Keller-CWOA Scholarship Grant.

2. The applicant is my dependent _____ (Relationship of applicant to sponsor)

_____ (Date)	_____ (Signature of Sponsor)
--------------	------------------------------