



APPLICATION
281st ASSAULT HELICOPTER COMPANY ASSOCIATION
MEMORIAL SCHOLARSHIP

(Please type or complete this form using dark ink)

Name of Applicant:

Mailing Address:

Telephone Number: _____ Social Security Number: _____

Birth Date: _____ Marital Status: _____

What is your relationship to an individual who served in the 281st Assault Helicopter Company Association:

Projected Date of High School Graduation: _____

Name and Address of High School: _____

College/University to be attended: _____

Total College/University Semester Hours Earned: _____

Potential/Declared Major/Minor: _____

Special Interests: _____

Planned Extracurricular Activities at College: _____

(Student Government, Publications, Organizations.)

Is there anything else we should know about you? _____

Please attach a recent photo of yourself that we can use for media announcement purposes should you be awarded a scholarship grant.

By my signature below, I guarantee that all the information on my application is factually correct and that my essay and other creative submissions are solely my own work. I also give the 281st Assault Helicopter Company Association permission to use my photo for media announcements purposes and agree to hold the association harmless for any issues that may arise involving same.

Signature: _____

Date: _____