



GRIFFIN MEMORIAL SCHOLARSHIP



PERSONAL INFORMATION

LAST NAME: FIRST NAME:

STREET ADDRESS:

CITY:

STATE: ZIP CODE:

EMAIL ADDRESS: PHONE NUMBER:

DATE OF BIRTH:



COLLEGE TO RECEIVE SCHOLARSHIP

NAME OF SCHOOL:

STREET ADDRESS:

CITY:

STATE: ZIP CODE:

FIRST ATTENDED: LAST ATTENDED:

GRADUATION DATE: G.P.A.:

DEGREE PROGRAM:

The following information is used to determine your status as a Security Forces member. Please include most recent Security Forces unit of assignment and previous deployed unit of assignment.

(MUST BE ACTIVE OR FORMER USAF SECURITY FORCES)

RECENT SF UNIT:

DATES OF DUTY: DUTY TITLE:

DEPLOYED UNIT:

DATES OF DUTY: DUTY TITLE:

DECORATIONS RECEIVED:

COMBAT INJURY: A combat injury can include physical trauma caused by the adversary or a diagnosed mental health concern (PTSD) as related to military deployments. By initialing this box you confirm that you were injured in the performance of combat operations.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

SIGNATURE: DATE:



Please complete a TWO PAGE narrative on what you believe it means to be a Defender. This should be based upon your personal thoughts/beliefs and how being a member of the USAF Security Forces has impacted your life.

Submit your completed application (this form) and narrative to:
Griffin Memorial Scholarship
3436 Dartmouth Cove
Schertz, TX 78154

Or email to:
griffinmemorialscholarship@gmail.com

DEADLINE FOR SUBMITTING YOUR APPLICATION IS 12 JULY 2019