



GRIFFIN MEMORIAL SCHOLARSHIP



PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE NUMBER:

DATE OF BIRTH:



EDUCATION

College to receive scholarship.

NAME OF SCHOOL:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

FIRST ATTENDED:

LAST ATTENDED:

GRADUATION
DATE:

G.P.A.:

DEGREE PROGRAM:

List any honors, school offices, or extracurricular activities you have participated in.

ACTIVITY:

GRADE	6th	7th	8th	9th
PARTICIPATED:	10th	11th	12th	

BRIEF
DESCRIPTION OF
YOUR ROLE:

ACTIVITY:

GRADE	6th	7th	8th	9th
PARTICIPATED:	10th	11th	12th	

BRIEF
DESCRIPTION OF
YOUR ROLE:

ACTIVITY:

GRADE	6th	7th	8th
PARTICIPATED:	9th	10th	11th
	12th		

BRIEF
DESCRIPTION OF
YOUR ROLE:

Describe other employment, experience, or accomplishments which you feel might be pertinent to this application.

The following information is used to determine your status as a Security Forces dependent. If dependency is determined, this data will not impact scholarship selection results. Please include most recent Security Forces unit of assignment and previous deployed unit of assignment.

SPONSOR'S INFORMATION (MUST BE ACTIVE OR FORMER USAF SECURITY FORCES)

LAST NAME: FIRST NAME:

STREET ADDRESS:

CITY:

STATE: ZIP CODE:

RECENT SF UNIT:

DATES OF DUTY: DUTY TITLE:

DEPLOYED UNIT:

DATES OF DUTY: DUTY TITLE:

DECORATIONS
RECEIVED:

COMBAT INJURY: (Initial if yes) 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 the sponsor was 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 sacrifice for others. This should be based upon your personal thoughts/beliefs and how these feelings have impacted your life.

Submit your completed application (this form) and narrative no later than 12 July 2019 to:

Griffin Memorial Scholarship
3436 Dartmouth Cove
Schertz, TX 78154
EMAIL: Griffinmemorialscholarship@gmail.com