



**WRIGHT-PATTERSON OFFICERS' SPOUSES' CLUB (WPOSC)  
DEPENDENT CHILD SCHOLARSHIP APPLICATION  
For Academic Year 2024-2025**

**Application Deadline: not later than 11:59 pm EST  
on February 29<sup>th</sup>, 2024**

All applicants must submit a complete application prior to the application deadline. Applications must be emailed to [scholarship@wrightpattersonosc.org](mailto:scholarship@wrightpattersonosc.org), must use this form, and be sent as an unlocked PDF. Electronic signatures are permitted. A letter of recommendation and transcripts must also be sent directly to the email address above and must be received prior to the application deadline. It is the applicant's responsibility to ensure their complete application is received by the deadline. Questions about the application process or scholarship program may be sent to the WPOSC Scholarship Chair, Rachel Sullivan, via email. Thank you for your interest in our scholarship program!

**Instruction Checklist**

All applicants must submit the following information to be considered complete.

Item	Description	Points Value	Check when Complete
1	Applicant and Sponsor Information (not scored), Education, Employment, Community Service, Awards and Honors, and Extracurricular Activities (pages 1-6). <i>Do not attach a resume.</i>	20 pts	
2	Essay, written by the applicant (500 words). See page 7 for essay prompt choices. Must be submitted within this form, not as an attachment.	25 pts	
3	Certification of Eligibility Letter (page 8) must be signed and dated by both the applicant and the sponsor. Electronic signatures are accepted.	0 pts	
4	Publicity Release Form (Page 9)	0 pts	
5	Official transcript(s) emailed as part of this package. Transcripts must include 2023 fall semester grades. Include transcripts for any schools listed on your application. Number of transcripts included:	30 pts	
6	One letter of recommendation from a non-family member. May be attached as a second document or sent directly by the person giving the recommendation. Must meet the same deadline as above to be included. Name of person giving recommendation:	25 pts	

**FUNDING PROCEDURES**

Scholarship funds may be used for tuition, fees, books, room and board only. Prior to the release of funds, all paperwork, including proof of enrollment, must be returned to WPOSC no later than April 1, 2025. All scholarship funds will be sent directly to the student’s school for credit to the student’s account. If the applicant fails to enroll, attend, or receives a full scholarship from other sources, the school will return the funds to the WPOSC Scholarship Committee. Returned funds may be awarded to alternate scholarship recipients.

**For more information, please visit our website**

**<http://wrightpattersonosc.org/scholarships.html>**

**or contact**

**[scholarship@wrightpattersonosc.org](mailto:scholarship@wrightpattersonosc.org)**

<b>APPLICANT’S INFORMATION</b>	
Name (last, first, middle initial)	Nickname, if any
Current Mailing Address (street, city, state, and zip code)	Name of School Currently Attending
Phone Number (including area code)	Expected Graduation Date
Email Address	Military Dependent ID Card Expiration Date

<b>SPONSOR’S INFORMATION</b>	
Name (last, first, middle initial)	Branch of Service
Work Phone (including area code)	Status: Active Duty, Reserves, Retired, Other (explain)
Home/Cell Phone (including area code)	Email Address

Applicant number as  
assigned by the Committee \_\_\_\_\_

<b>EDUCATION List most recent first</b>				<input type="checkbox"/> <b>Check here if you attended more than one high school</b>
College and High Schools Attended (name, city, state)	Unweighted GPA	Attendance Dates		
		From M/Y	To M/Y	
<i>Example: Beavercreek High School, Beavercreek, OH</i>	3.2	08/2020	present	

<b>EMPLOYMENT within last four years, most recent first</b>				
Employer (Name, City, State)	Position/Title	Hours/week	Employment Dates	
			From M/Y	To M/Y
<i>Example: Commissary, WPAFB, OH</i>	<i>Bagger</i>	5	09/2020	01/2022

Applicant number as  
assigned by the Committee \_\_\_\_\_

<b>COMMUNITY SERVICE within last four years, most recent first</b>				
Organization (Name, City, State)	Volunteer Position/Title	Total Hours	Volunteer Dates	
			From M/Y	To M/Y
<i>Example: Foodbank, Dayton, OH</i>	<i>Food sorter</i>	<i>40</i>	<i>09/2020</i>	<i>01/2022</i>

Applicant number as  
assigned by the Committee \_\_\_\_\_

<b>AWARDS AND HONORS within last four years, most recent first</b>		
Award/Honor and Organization	Description	Grade or Year
<i>Example: Shine Award, Beavercreek HS</i>	<i>Character award – 1 student per school per month</i>	<i>11th</i>

Applicant number as assigned by the Committee \_\_\_\_\_

<b>EXTRACURRICULAR ACTIVITIES within last four years, most recent first</b>		
Describe leadership positions held using descriptive symbols below: C – Captain    CC – Co-Captain    P – President    VP – Vice-President    T – Treasurer S – Secretary    M – Member    L – Varsity Letter    O – Other (please state position)		
Activity	Dates/Grade Levels Involved	Leadership Position Held
<i>Example: BHS Cross Country Team</i>	<i>All four years of high school</i>	<i>CC sr year L soph, jr, sr years</i>

**ESSAY**

Please select and answer ONE of the following questions:

1. The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback, or failure. How did it affect you, and what did you learn from the experience?
2. Reflect on something that someone has done for you that has made you happy or thankful in a surprising way. How has this gratitude affected or motivated you?
3. How has your experience as a military dependent shaped your character and influenced your educational and career goals?

Your answer must be typed in the space below and limited to 500 words. Do not include your name in the essay.

### CERTIFICATION OF ELIGIBILITY LETTER

I \_\_\_\_\_ certify, declare, and say that I have reviewed the eligibility  
(first name, middle initial, last name)

demands and meet the requirements. I am a dependent of \_\_\_\_\_  
(first name, middle initial, last name)

and this person is my sponsor. Their duty status is \_\_\_\_\_ in the  
(active duty, reserves, retired, deceased)

\_\_\_\_\_  
(military branch)

All information in this application is accurate to the best of my knowledge and the essay is entirely my own effort. If I accept a Wright-Patterson Officers' Spouses' Club (WPOSC) Scholarship, I further certify I will abide by the following conditions:

1. Upon being selected as a WPOSC Scholarship recipient, I will furnish my Dependent Identification Card to the WPOSC Scholarship Chairperson to confirm my eligibility if requested.
2. Scholarship funds are to be used for undergraduate or graduate studies within the 2024-2025 academic year. Scholarship funds are to be applied to tuition, fees, books, and room and board only. Any excess funds must be returned to the WPOSC.
3. If I am selected as a WPOSC scholarship recipient, I will return all required documents, including proof of full-time enrollment, no later than April 1, 2025. I will be required to provide the name and address of the accredited college, university, or technical school. After April 1, 2025, any unclaimed scholarship funds will revert to the WPOSC Scholarship Fund.
4. If I accept an appointment to a military service academy or receive a full-ride scholarship, I will become ineligible for the WPOSC scholarship award and will notify WPOSC Scholarship Committee.
5. I am a responsible citizen in good standing in the school and the community.
6. It is my responsibility to notify the WPOSC Scholarship Committee of any change of status (e.g., change of schools, change in address, etc.). Failure to do so may result in the forfeiture of my scholarship award.
7. If the above conditions are violated, the scholarship award funds must be returned to the WPOSC Scholarship fund.

I agree that my signature on this form will authorize the WPOSC Scholarship Chair to release this application, including GPA and transcript(s), to the Scholarship Committee and Scholarship Selection Panel as needed.

APPLICANT'S SIGNATURE \_\_\_\_\_

Date Signed: \_\_\_\_\_

SPONSOR'S SIGNATURE \_\_\_\_\_

Date Signed: \_\_\_\_\_

\*Sponsor signature not required if sponsor is deployed or deceased.



<b>PUBLICITY RELEASE FORM – DEPENDENT CHILD</b>	
Name (last, first, middle initial)	
Current Address (city, state)	
Parent 1 Name (last, first, middle initial)	
Parent 2 Name (last, first, middle initial)	
High School (school, city, state)	High School Graduation Date
College/Technical School You Plan to Attend or Currently Attend (school, city, state)	
Intended Major	Expected College Graduation Date
<p>I, _____, release the use of my name and personal <i>(first name, middle initial, last name)</i> information provided above, and any information included in my scholarship application, to Wright-Patterson Officers' Spouses' Club to be used for publicity purposes.</p>	
Applicant's Signature	Date
Parent/Guardian's Signature	Date