

Part B
APPLICATION

FRA/LA FRA SCHOLARSHIP PROGRAM

Applicants – Submit this form for FRA & LA FRA Scholarships
Do not use this form for the Colonel Hazel Benn, USMC Scholarship

Applicant's Name (**Last**, First, Middle Initial): _____

(Maiden Name, If Currently Married): _____

Check One Only
SCHOLARSHIP PROGRAM FOR WHICH APPLYING

FRA SCHOLARSHIP

LA FRA SCHOLARSHIP

Applying for : Undergraduate Scholarship Graduate Scholarship

Applicant is currently : High School Student College student Graduate Student

1. All entries must be complete, accurate, legible, and printed in black ink.
2. Read all instructions carefully before attempting to answer. Ensure that your answers are accurate. Review and understand Part A and Part B before mailing to FRA or LA FRA.
3. We define: **Sponsor** as an FRA member (living or deceased) who may be the applicant, a parent, a grandparent, or a legal guardian, through whose military service eligibility for this scholarship program is claimed. **Head of Family** as the person who provides support (housing, food, financial support etc.) to the applicant. **Dependent** is an individual who meets the US IRS definition as it relates to the sponsor.
4. Ensure that the information you enter about the Sponsor accurately describes their *latest* military status. For example, if the Sponsor is on active duty, the information must describe their current affiliation, status, et cetera. If the Sponsor is retired or deceased, the affiliation, status, et cetera, must be that which pertained to the sponsor at the time of their retirement or death.
5. **Gross income** is to reflect total income from **all** sources. This includes investment income, savings income, retirement incomes, all forms of military pays (base pay, BAH, BAS, family separation, sub pay, flight pay, combat/hazardous duty pay, etc.) **Net income** is to reflect taxable income reported to IRS.
6. Applicant must sign the application forms and ensure that it is also signed by the head of family.
7. Submit one (1) application for FRA Scholarships and one (1) *separate* application for the LA FRA Scholarships. Mail in *separate* envelopes to the addresses indicated. Do not apply for a FRA and a LA FRA scholarship on the same form! **Do not use this application for the Benn Scholarship.**
8. **Scholarship recipients are notified by telephone and in writing by early July.** Recipient must be a US Citizen and attend a college located in the United States. If you are selected to receive an FRA scholarship, your photo and excerpts from your essay may be used for promotional materials. FRA is unable to notify the applicants who have not been selected for a scholarship award.
9. We must receive the "High School and College Transcript Request" form (Part A, page 3) with transcripts, completed by the appropriate school authority, in order to consider this application. The Transcript Request with transcript(s) need not be submitted at the same time as the scholarship application. Separate transcripts and forms must be sent (i.e. one for FRA, one for LA FRA.) All college students applying *must* provide an official copy of both their high school *and* college transcripts.
10. We do not acknowledge receipt of application, if the application was submitted correctly, or if you were not selected for an FRA scholarship. If an applicant wants to know if their application has been received, please enclose a self-addressed stamped postcard (not an envelope) that states "FRA application has been received." We will date it and mail it back to you.

DEADLINE FOR RECEIPT OF COMPLETED APPLICATIONS IS 15 APRIL

Mail FRA Applications to: FRA Scholarship Administrator
125 N. West Street
Alexandria, Virginia 22314-2754

Mail LA FRA Applications to: LA FRA Scholarship Administrator
125 N. West Street
Alexandria, Virginia 22314-2754

Revised 09/06

PART I APPLICANT INFORMATION

1. Applicant Name:			
2. Home Address:			
3. Current School Address:			High School College
4. Home Phone Number:	5. School Phone Number:	6. Date of Birth	7. Applicant's Marital Status:
8. Gender M F	9. US Citizen Y N	10. Applicants E-mail Address:	11. School's E-mail Address:

PART II SPONSOR INFORMATION

1. Name of Sponsor:		
2. Address of Sponsor:		
3. Last Rank, Rate, or Grade Held:	4. FRA Membership #	5. Branch/Unit/MAL Affiliation #
6. Date of Discharge/Retirement:	7. If Deceased, Give Date of Death:	7a. Did sponsor die while on active duty?
8. Relationship of Sponsor to Applicant:	9. Sponsor's E-mail Address:	

You may apply for the FRA Scholarship Program if the sponsor is a member in good standing of the Fleet Reserve Association, currently or at time of death. Applicants must be FRA members or be the dependent, spouse, child or grandchild of an FRA Member

Please Check All That Apply:

- A. The sponsor is: Living Deceased
- B. The sponsor's military affiliation: Navy Marine Corps Coast Guard Other
- C. The sponsor serves/served as: Regular Reserve
- D. The sponsor's military service: Commissioned Officer Service Only Commissioned Officer with Enlisted Service
 Enlisted Service Only
- E. The sponsor is: Retired (regular, reserve, receiving retired or retainer pay currently or at time of death)
 Active Duty (regular, currently or at time of death)
 Reserve (on active duty currently or at time of retirement or death)
 Reserve (not on active duty currently or at time of retirement or death).

PART III FINANCIAL INFORMATION

1. Name of Head of Family:	2. Home Telephone #:
3. Occupation:	4. Work Telephone #:
5. E-mail Address:	6. Relation to Applicant:
7. Address if Different from Sponsor:	
8. Gross Family Income: (See Rules on Page 1)	9. Net Family Income: (See Rules on Page 1)
10. Number in Household:	11. Number of Children in College:
12. List Amount of Tuition, Room and Board, and Other Fees required for Each College Student:	

APPLICANT'S FINANCIAL STATEMENT

13. Aid from Parent or Guardian (Annual Total): \$			
Educational Resources Rec'd or Awarded for Next School Year	Veterans Benefits \$	Social Security \$	Applicant's Savings and Income \$
Other \$	Loans \$ Source	Scholarship \$ Source	Grants \$ Source
14. Total of all funds available for education during year for which application for scholarship is made: \$			
15. Additional Comments: The applicant/parent/head of family/sponsor may comment on any specific circumstance which they desire to bring to the attention of the scholarship committee that impacts the financial status described above.			

Signature of Head of Family:	Date
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PART IV APPLICANTS SCHOOL & COMMUNITY EXTRACURRICULAR ACTIVITIES AND AWARDS

On a separate sheet of paper please list school and community extracurricular activities and awards.

PART V APPLICANTS EDUCATIONAL INFORMATION

1. Name and Address of High School Currently Attending or High School Graduated From	2. Dates of Attendance:	3. Graduation Date:
4. Name and Address of College(s) Attended:	5. Dates of Attendance:	6. Graduation Date:
7. Name and Address of Colleges to which Applied:	8. Accepted: (Yes or No)	

PART VI APPLICANTS WORK EXPERIENCE

1. Name of Employer:	2. Dates of Employment:	3. Description of Job:

PART VII: Type or print neatly in black ink on a separate sheet of paper your career objectives, the reasons you chose these objectives, and how you feel furthering your education will help you accomplish these objectives.

I Certify the information herein is correct to the best of my knowledge.

Applicant's Signature Date