



3035B S. Academy
Colorado Springs, CO. 80915
719-596-0927

SCHOLARSHIP PACKET 2019

NOTE:

INCOMPLETE PACKETS WILL NOT BE ACCEPTED

NOTE:

**PACKETS NOT RECEIVED BY POSTMARKED BY
FEBRUARY 15TH, 2019. WILL NOT BE
CONSIDERED**

CHAPTER 1, THE RETIRED ENLISTED ASSOCIATION, INC. GENERAL SCHOLARSHIP INFORMATION

1. All applicants will be advised in writing as to selection or non-selection for a scholarship grant.
2. Checks for successful applicants will be made payable to both the student and the school and will be mailed to the school on or about August 1st each year. Each check must be signed by

both the student and a school official before being cashed. If the student completes only a portion of the scholarship year at that school, he or she must advise the school to return the unused monies to TREA, Chapter 1's Scholarship Fund. At the request of the student, Chapter 1 may transfer unused monies to another school under some circumstances.

3. Scholarship grants may be applied to payment of tuition, textbooks, instructional materials, fees and any other incidentals related to the field of study.
4. Scholarships are not limited by race, color, creed, sex, religion, or national origin.
5. Students initially awarded scholarships may reapply for subsequent year awards. Normally a 3.0 grade point average (GPA) and a minimum "full-time" class load, as determined by the school, will be required.
6. Students applying to or attending accredited vocational schools are eligible and will be considered for scholarship grants subject to the same criteria used to select college scholarship awards.
7. Only one copy of each form/document need be submitted but we recommend that you make copies of all documents and retain them. Additional copies of forms are available at Chapter 1.
8. One of the most important documents in your scholarship packet is the Counselor's Evaluation Form. If your school has a counselor, it is he or she who must complete the evaluation. If your school has no counselor, then another school official may complete the evaluation. In any event, it will be important that you continue to check with the evaluator until you are assured that the form has been completed and mailed to reach Chapter 1 by February 15th. If you have not attended school for one or two years, you should attempt to get a former counselor to complete the evaluation. If not currently in school and are unable to get an evaluation, you may use the space at the bottom of the form to explain the circumstances.
9. Please do not submit your application packet without all required documents, except for the Counselor's Evaluation, which is to be mailed by the evaluator. However, you should mail the completed packet in the attached envelope to arrive at Chapter 1 no later than February 15th.
10. Please remember that the person who's TREA, Chapter 1 membership qualifies you as a scholarship applicant must be a Regular or Associate member of Chapter 1 both at the time of application submission and for the duration of the grant, unless deceased.
11. Dual scholarship grants will not normally be made. For example, a grant made by Chapter 1 Auxiliary will normally prohibit a grant by Chapter 1 and vice versa.
12. Please double check your application and all other documents for completeness and required signatures before submitting your packet. No action will be taken on packets with incomplete or unsigned documents. All required documents are listed at the bottom of the "Scholarship Application Instructions" and all except the "Counselor's Evaluation of Applicant" must be included in the packet submitted by you. **BE AN EARLY BIRD – SUBMIT EARLY**

CHAPTER 1, THE RETIRED ENLISTED ASSOCIATION, INC. SCHOLARSHIP ELIGIBILITY AND APPLICATION INSTRUCTIONS

These instructions are provided to ensure that you, as a scholarship applicant, understand the requirements of our scholarship program and that your application and related documents are complete and correct. To qualify for a scholarship you must be the child, grandchild or great grandchild of a TREA, Chapter 1 member or who was a Chapter 1 member at the time of demise. You must meet the additional eligibility criteria shown below. Additional forms are available at Chapter 1 and any questions should be referred to the Chapter office at 719-5960927.

ELIGIBILITY: One of your parents, grandparents or great grandparents must be, or have been at the time of demise, a “Regular” or “Associate” member of TREA, Chapter 1 in order for you to be eligible for a Chapter 1 scholarship. While you need not be the Chapter 1 member’s dependent, per se, whoever claims you as a “tax dependent” on their Federal Income Tax Return by providing more than 50% of your support as required by the Internal Revenue Service, must complete the attached “Statement of Dependency” and the top section of the “Financial Data Disclosure” form.

To apply for a scholarship, you must be under the age of 25 (35 if handicapped or disabled and incapable of self-support) and must be enrolled, or planning to enroll, in a full-time program as prescribed by the educational institution. Although most applicants will be current year high school graduates, an eligible student already in college or VO/TEC school may also apply.

APPLICATION: Your application and all related documents shown below must be completed accurately and legibly and must be received by Chapter 1 no later than February 15th preceding the beginning of the college school year. Of particular importance is the school “Counselor’s Evaluation of Applicant”. Please give this form and the pre-addressed, stamped envelope to your school counselor to complete. If your school does not have a designated “Counselor”, you must arrange to have another school official evaluate you and return the form in the accompanying envelope. Remember that school officials are busy people and are being asked to evaluate many prospective college applicants, so don’t procrastinate. When you’re ready to send in your Scholarship Application, you should ask the school official who will evaluate you if the Evaluation Form has been completed and mailed. If not, remind him or her of its urgency. All application forms must be completed as accurately and legibly as possible.

ESSAY: Each scholarship applicant must submit an essay with their application. Applicants not previously awarded a scholarship grant by TREA, Chapter 1 must submit an essay on patriotism. Applicants previously awarded a Chapter 1 Scholarship may choose their own essay topic. Essays must be at least 500 words in length.

DOCUMENTS REQUIRED BY SCHOLARSHIP COMMITTEE BY FEBRYARY 15, 2019:

(Use checklist below)

- () Scholarship Application (completed and signed)

- () Statement of Dependency (completed, signed, and notarized)

- () Financial Data Disclosure (completed and signed as shown on the form)

- () Counselor's Evaluation of Applicant (see application information above)

- () Essay on Patriotism, or other topic, of at least 500 words (see "Essay" above)

- () Transcript, one copy of high school or college as appropriate

- () Optional, any additional information or documentation deemed appropriate.

Chapter 1, The Retired Enlisted Association, Inc.

3035B S. Academy

Colorado Springs, CO. 80915

SCHOLARSHIP APPLICATION

(Please type or print all data in ink) Please

check one: () Academic () Vocational

PERSONAL INFORMATION:

NAME _____ BIRTH DATE _____ SEX _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE NUMBER () _____ - _____

Name and information on the person who's TREA, Chapter 1 membership qualifies you as an applicant for a Chapter 1 Scholarship:

NAME _____ RELATIONSHIP _____

TELEPHONE NUMBER () _____ - _____

EDUCATIONAL INFORMATION:

LAST HIGH SCHOOL _____ YEAR GRADUATED _____ GPA _____

ADDRESS _____ CITY/STATE/ZIP _____

INTENDED COLLEGE, UNIVERSITY, OR VO/TEC SCHOOL _____

ADDRESS _____ CITY/STATE/ZIP _____

Have you been accepted in a degree/vocational program? YES _____ NO _____ ENDING _____

Will you be a full-time student? YES _____ NO _____

List any extracurricular activities in which you have participated (i.e. student government, sports, community volunteer work, work experience, etc.)

ACTIVITY	DATES	RESPONSIBILITY	AWARDS/HONORS, ETC.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of applicant _____

TREA, CHAPTER 1 SCHOLARSHIP PROGRAM NOTE TO SCHOLARSHIP APPLICANT:

This form must be completed and signed by the person who claims you as a dependent on his or her Federal Income Tax Return.

STATEMENT OF DEPENDENCY

In consideration of a Chapter 1 Scholarship grant, I _____,
(parent, grandparent, great grand parent or guardian)

certify that _____ is my _____,
(Name of Scholarship Applicant) (Applicant's Relationship)

is dependent on me for more than 50% of his or her support and is currently being claimed by me as my dependent on my Federal Income Tax Return. In addition to the Scholarship Applicant and myself, I claim _____ other tax exemptions, _____ of whom are enrolled in college. Eligibility for scholarship consideration is based on the TREA, Chapter 1 membership of the Applicant.

_____ who is the _____
(Name of Chapter 1 member) (Relationship to Applicant)

(Signature of person supporting Applicant)

STATE OF _____

COUNTY OF _____ SS.

The foregoing instrument was acknowledged before me this _____ day
of _____, A.D. 20____, by _____.

Witness my hand and Official Seal. My commission expires _____

(Notary Public)

FINANCIAL DATA DISCLOSURE

Financial need is considered in the scholarship selection process. The following data must be provided by the person who provides at least 50% of the Applicant's support and who claims him or her as a tax dependent with the Internal Revenue Service.

PERSON CLAIMING APPLICANT AS A FEDERAL TAX DEPENDENT:

1. Adjusted Gross Income: \$ _____ for the year of _____ (include income from all sources shown in Adjusted Gross Income Section on most recent IRS Form 1040, 1040A etc.)
2. Non-taxable Income: \$ _____ (Include disability, Social Security, dividends, interest, etc.)
3. TOTAL INCOME (taxable and non-taxable) \$ _____. (Leave Blank _____)
4. Federal Taxes Paid: \$ _____ (Show past year Federal Taxes paid to the IRS only)
5. Assets: \$ _____ (Include home and/or other property equity, i.e. value of all property less balance owed, include cash savings and cash value of all investments, etc.)

I certify that the above information is accurate and current to the best of my knowledge. I understand that this data will be treated as confidential information.

(Signature of person claiming Applicant as dependent)

APPLICANT DATA:

I (have __) (have not __) previously received a scholarship grant from TREA, Chapter 1 or Chapter 1

Auxiliary. If you HAVE, specify: Chapter 1 ____ Chapter 1 Auxiliary ____ What school year _____

Amount of other known financial assistance, including other scholarship grants:

\$ _____.

ESTIMATED ANNUAL EDUCATIONAL EXPENSES:

Tuition..... \$ _____ Books and Supplies..... \$ _____

Room and Board..... \$ _____ Transportation & Insurance..... \$ _____

Student Fees..... \$ _____ Other (Specify)..... \$ _____

TOTAL ESTIMATED EXPENSES: \$ _____

CERTIFICATION BY APPLICANT:

I certify that all information provided hereon is true and correct to the best of my knowledge; that I will promptly notify TREA, Chapter 1 Scholarship Committee at 719-569-0927 or 719-203-6736 of any address change; any change of college or VO/TEC school specified herein or elsewhere; and any change of plans that might impact on any scholarship awarded. I understand that, if I am awarded a scholarship, I will be asked to provide a recent photograph.

I am now ____ years of age. In consideration of a scholarship, I hereby grant TREA, Chapter 1 or its legal representatives the right to use any photograph that I may provide or any made at a photo session in which I am a participant. This authorization includes the right to reproduce or to copyright any photo or any reproductions thereof. I further agree to protect and hold harmless TREA, Chapter 1 and its legal representatives in the use or reproduction of any photograph in conjunction with the scholarship program. (Void if no scholarship awarded.)

Date _____ Signature _____

CHAPTER 1, THE RETIRED ENLISTED ASSOCIATION
Telephone 719-596-0927 or 719-203-6736

COUNSELOR'S EVALUATION OF SCHOLARSHIP APPLICANT

NOTE TO APPLICANT: After you provide the data required below, please give this form and the attached stamped envelope to your school counselor. If your school has no counselor, give it to another school official who knows you well enough to evaluate your capabilities.

Name of Applicant _____ Date of Birth _____
(Last) (First) (MI) (Month-Day-Year)

Home Address _____
(Number, Street, Apt., etc.) (City) (State) (Zip)

Last/Current School Attending _____ School Year _____

NOTE TO COUNSELOR or OTHER SCHOOL OFFICIAL:

The student named above is applying for a scholarship grant from Chapter 1, The Retired Enlisted Association. Your candid estimate of his or her academic performance, intellectual promise, and qualities as a person will help our Scholarship Committee in making the primary selection for a scholarship. Please return the completed form as soon as possible, but not later than February 15th, using the attached stamped envelope. Your reply will be treated as privileged information. We thank you for your help.

1. How long have you known the applicant? _____.

2. What is your relationship to the applicant? _____.

3. Please describe the student in terms of intellectual traits:

() Truly Exceptional () Average () Well Above Average () Below Average () Above Average

4. Overall estimation of this student's academic and personal promise:

() Exceptional (top 5%) () Above Average () One of the top few in my career () Average

() Well Above Average (top 15%) () Below Average

If you would like to call our attention to any outstanding accomplishments, unusual circumstances, background data or other information concerning this candidate or hi/her scholarship application, please do so below.

Name of School Official _____ School _____

Date _____ Signature and Title _____