



Members' Continuing Education Program Application Form

Academic Information

Name of Institution: _____

Location: _____
City State

Course of Study: _____

Date You Will Begin or Began: _____ Number of Credit Hours per Term: _____

Are you working toward a degree?

Yes _____ No _____ Degree _____

Are you currently receiving financial assistance? (Ex: Tuition Assistance, Montgomery GI Bill, other scholarships, etc.)

Yes _____ No _____ How much? _____

From _____

Will this grant be used to pay existing loans? Yes _____ No _____ How much? _____

Will this grant be used for expenses not covered with government/corporate tuition assistance? Yes _____ No _____

If yes, provide a detailed listing? _____

Attach an essay of 500 words or less. (limit of one page) Essay must address career and academic goals, financial need and any other circumstances. What is your desired outcome for continuing your education? How will the education benefit you and your agency/company? What is your purpose for these funds?

Letters of Recommendation

Attach one letter of recommendation. The Letter of recommendation must address Applicant's scholastic achievements, leadership ability, extracurricular activities, ASMC involvement, career and academic goals and financial needs.

*Mail To: ASMC San Diego Chapter, PO. Box 6613 , Attn Jenny Giang, ASMC Scholarship Chair, San Diego, CA 92116
No fax or e-mail submissions permitted.*



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Personal Information

Name: _____
RANK/GRADE FIRST M.I. LAST

Position Title: _____

Home Address: (Include Zip Code or APO/FPO #)

Telephone: _____ Facsimile: _____
DSN/FTS AREA CODE COMMERCIAL DSN/FTS AREA CODE COMMERCIAL

E-Mail Address: _____

Employing Agency: _____

Agency Address:

Current Position: _____ Grade/Series or Rank: _____

To the best of my knowledge, the information contained in this application is true and correct.

Applicant signature Date

Chapter Endorsement (Must be Chapter President)

Name: _____
RANK/GRADE FIRST M.I. LAST

Signature

Official Chapter Address: (Include Zip Code or APO/FPO #, no sub-chapters)

Telephone: _____ Facsimile: _____
DSN/FTS AREA CODE COMMERCIAL DSN/FTS AREA CODE COMMERCIAL

E-Mail Address: _____

Applicant's participation in chapter: (list offices held, event participation)

