

# DAUAA Jacksonville Chapter Scholarship Application



The **DAUAA JACKSONVILLE Chapter Scholarship Program** provides the recipient with an academic scholarship awarded annually for demonstrated academic and leadership achievement. The **\$1000** scholarship will be applied directly to the recipient's pursuit in attaining a degree in a STEM career field. The award is meant to supplement educational financial responsibilities and encourage recipients to continue in a STEM field in spite of potential obstacles.

## 1. SELECTION CRITERIA

- Must be a graduating high school senior enrolled full time in an ABET accredited STEM undergraduate program at a university, college, or community college for the fall semester of the year of application.
- Must be a U.S. Citizen

## 2. SUBMISSION CRITERIA

- All applications **must be postmarked by 19 April 2019**. *Note: Late entries will not be considered.*
- Applicant must show a proven record of academic achievement via official high school transcript of 3.0 or better as well as SAT or ACT score.
  - Completed application shall consist of this form, an official high school transcript, verified copy of SAT or ACT score, and a maximum two-page personal statement showing evidence of leadership and involvement in service to community or school, and personal financial need.
- NOTES:
  - Scholarships are for one year.
  - Scholarships will be sent as direct payment to the university or college and applied to the student's account.

Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ / \_\_\_\_\_

Name of college or university you are attending in the Fall: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Have you been accepted to the fall semester: Yes \_\_\_\_\_ No \_\_\_\_\_

*I hereby certify that the information on this application is true and will provide additional supporting data if requested. I also agree to allow my name and photo to be posted on the DAUAA JAX website, newsletter and similar publications highlighting being a scholarship winner.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please contact the DAUAA JAX representatives listed here and email applications to them: Elizabeth Nealin at: [elizabeth.nealin@navy.mil](mailto:elizabeth.nealin@navy.mil) 904.317.1888 and Tony Conard at [tony.conard@navy.mil](mailto:tony.conard@navy.mil) 904.317.1697; If awarded, you must complete a separate Scholarship Voucher Form to allow processing.



# DAUAA JACKSONVILLE FL SCHOLARSHIP AWARD VOUCHER

**(complete only after being notified as an award recipient)**

**Award Name:** \_\_\_\_\_

**Recipient:** \_\_\_\_\_

**Award Amount: \$1000**

**Note to Award Recipient:** Once you have actually enrolled in a college/school, please complete the form below and send this voucher **along with proof of enrollment** (i.e., class schedule, tuition invoice) to the following address:

DAU ALUMNI ASSOCIATION OF JACKSONVILLE  
ATTN: Scholarship Voucher  
2271 TRAILWOOD DR  
FLEMING ISLAND, FL 32003

You may also email advance copy or contact for info to: [duanemalli@comcast.net](mailto:duanemalli@comcast.net)

Your scholarship check will be made payable directly to your college/university and will be mailed to the financial aid office at the address you provide below. If there are school specific Donor forms needed to facilitate this award, please provide this info along with this form. **Please note final disbursement for most schools occur after add/drop deadline for the current term or semester. This may cause a delay in the award disbursement. Please allow 4 to 6 weeks for processing and arrival of check.**

Student's Full Name (including middle initial if applicable) \_\_\_\_\_  
Student's School ID# (if available) \_\_\_\_\_

Student's address for contact info resident or school \_\_\_\_\_

Student's email for contact info \_\_\_\_\_

Student's phone # for contact info \_\_\_\_\_

Student's enrollment term for the award (spring, summer A/B, fall, etc.) \_\_\_\_\_

Student enrollment type: (part time or full) \_\_\_\_\_

Social Security Number (Used only for tax form 1099): \_\_\_\_\_

Who to make check payable to: \_\_\_\_\_  
*(insert the full name of the college/university where you are enrolled)*

Scholarship/Financial Office phone # \_\_\_\_\_

Mail check to the school's Financial Aid Office

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please contact the DAUAA JAX representative: Elizabeth Nealin at [elizabeth.nealin@navy.mil](mailto:elizabeth.nealin@navy.mil) or 904.317.1888 or Tony Conard at [tony.conard@navy.mil](mailto:tony.conard@navy.mil) or 904.317.1697; email applications to the POCs listed here.