



Fallen 15 Scholarship Program

2019 Application

DEADLINE: Postmarked by June 30, 2019

Mail to: BMI Federal Credit Union
Attn: Fallen 15 Scholarships
6165 Emerald Parkway, Dublin, OH 43016

BMI Federal Credit Union® and Fallen 15 have partnered to create a scholarship fund supporting higher education for veterans, their families, and the families of fallen service members. Fifteen (15) \$2,000.00 scholarships will be awarded in 2019.

1. IMPORTANT INFORMATION BEFORE YOU BEGIN

Applications must be postmarked to BMI Federal Credit Union (BMI FCU®) by June 30, 2019. Applicants must be able to prove they have a family relationship to a Service Member or are/have been a Service Member in good standing by providing a copy of the Service Member's DD214. Family relationship is defined as a spouse, child, step-child, sibling, step-sibling, parent, or legal guardian. Applicant must be a student currently enrolled at a vocational/trade school, two-year community college or a four-year college/university or a graduating high school senior in the 2018-2019 school year. Applications will not be returned and will become the property of Fallen 15 and BMI FCU. The winning entries will be chosen at the discretion of the Scholarship Committee. Illegible entries may be disqualified. Winners will be notified on or before July 12, 2019, by mail or phone and agree to have their names and photos published in Fallen 15 and/or BMI FCU promotional materials. After confirmation of registration and acceptance at a vocational/trade school, two-year community college or a four-year college or university, award checks will be issued directly to the applicant's school. Not valid where prohibited by law.

Please attach the following to this application:

1. A personal statement essay (in 250 words or less) describing what has brought you to this point, your intended academic curriculum and extracurricular activities throughout college, how you will maximize the opportunities of an education and how you will apply what you have learned to your post-college plans and aspirations
2. A copy of the DD214
3. A copy of Applicant's most recent school transcript

Where to mail your application:

BMI Federal Credit Union, Attn: Fallen 15 Scholarship, 6165 Emerald Parkway, Dublin, OH 43016

2. CONTACT INFORMATION

Applicant's name (First, Middle, Last): _____

Applicant's primary phone: _____

Applicant's address (Street, City, State, ZIP code): _____

Applicant's email address: _____

Please fill out the following section if the applicant is under the age of 18:

Parent or guardian's name: _____

Parent or guardian's address (Street, City, State, ZIP code): _____

Parent or guardian's primary phone: _____

Parent or guardian's email address: _____

3. SCHOOL INFORMATION (**Please fill out to allow processing of your scholarship)

GPA: _____ Are you enrolled in advanced placement classes? YES NO If **yes**, please list weighted GPA: _____

High School (If Currently Attending): _____ Anticipated graduation date: _____

Address (Street, City, State, ZIP code): _____

**College/University (Plan to/Currently Attend): _____ Anticipated major: _____

**Address of Financial Aid Office: _____ **Student ID# _____

4. HONORS AND AWARDS

Please list scholastic, extracurricular and civic honors and awards during grades 9 through 12 (or in college if applicable), starting with the most recent. State the nature of the award, e.g., 4-H, Best of Show. Please do not abbreviate, as we may not understand the abbreviations. If necessary, in 25 words or less, elaborate about honors and awards on a separate sheet of paper.

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5. EMPLOYMENT AND COMMUNITY SERVICE

Please list jobs or volunteer duties you have performed over the past three years, starting with the most recent. If necessary, in 25 words or less, elaborate about employment and community service on a separate sheet of paper.

FOR GRADUATING SENIORS: Is there a community service requirement to graduate at your high school? **YES NO**
If **yes**, please list the number of hours and type of work needed to fulfill this requirement.

| Name of Employer, Agency or Organization | Dates of Work or Service | Type of Work | No. of Hours per Week | Part of Grad. Req.? Y/N |
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6. LEADERSHIP AND EXTRACURRICULAR ACTIVITIES

Please list and briefly describe your leadership roles and extracurricular activities, starting with the most recent, e.g., student government, swim team, math club. If necessary, elaborate about each role and activity in 25 words or less on a separate piece of paper. If you have more than six activities you would like us to consider, photocopy this page and include it with the application. If you are a currently enrolled college student, please include any collegiate activities you would like us to consider in addition to high school activities, if applicable.

| | | | |
|---|---|---|-----------------------|
| <input type="radio"/> 9 <input type="radio"/> 10 <input checked="" type="radio"/> 11 <input checked="" type="radio"/> 12 | Organization Name: Student Council | Leadership Role and Year: Representative (11), President (12) | |
| | Responsibilities: Led bimonthly council meetings; represented student body in Wash, D.C. (12); led fundraiser for homeless shelter (11 & 12). See attachment. | | Hrs./Wk.: 2 |
| <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 | Organization Name: | Leadership Role and Year: | |
| | Responsibilities: | | Hrs./Wk.: |
| <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 | Organization Name: | Leadership Role and Year: | |
| | Responsibilities: | | Hrs./Wk.: |
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| | Responsibilities: | | Hrs./Wk.: |

7. SELECTION CRITERIA

The Selection Committee will base the selection of the scholarship recipients on the following:

1. Application: 50%

- Honors & Awards
- Employment & Community Service
- Leadership & Extracurricular Activities
- Compliance with required format

2. Essay: 50%

- Quality of essay
- Grammar, punctuation, spelling and neatness
- Compliance with required format

8. CERTIFICATION

If I am selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to Fallen 15 and BMI FCU to use my likeness and name in announcing and promoting this scholarship program. I understand and agree that the Scholarship Committee is solely responsible for the selection of the scholarship winners and its decision is final. I have completed the scholarship application and have attached the information required in Section 1 above. I understand I must be able to prove I have a family relationship to a Service Member or are/have been a Service Member in good standing (DD214). I grant permission to the school of higher education I attend to release information concerning my enrollment status and academic standing to BMI FCU for use in administering my scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in termination of the Fallen 15 Scholarship.

Student Signature

Date

Printed Name of Student

PLEASE REVIEW AND SIGN IF APPLICANT IS UNDER THE AGE OF 18

If my child is selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to Fallen 15 and BMI FCU to use my child's likeness and name in announcing and promoting this scholarship program. I understand and agree that the Scholarship Committee is solely responsible for the selection of the scholarship winners and its decision is final. My child has completed the scholarship application and has attached the information required in Section 1 above. I understand we must be able to prove my child has a family relationship to a Service Member. I grant permission to the school of higher education my child attends to release information concerning my child's enrollment status and academic standing to BMI FCU for use in administering my child's scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in termination of the Fallen 15 Memorial Scholarship.

Parent or Guardian's Signature

Date

Printed Name of Parent or Guardian

We respect the privacy of all Fallen 15 Scholarship applicants. Applications and supporting documentation will be maintained in a secure manner and only shared with the Scholarship Committee and scholarship application judges. Applications and supporting documentation will be retained confidentially in accordance with applicable record retention guidelines. BMI Federal Credit Union, BMI FCU and We make banking personal are all registered trademarks of BMI Federal Credit Union.