



Tyndall Spouses Club Dependent Spouse Scholarship

Eligibility Requirements:

- o Dependent spouse of active duty, guard personnel, reserve personnel, retired or deceased military members. Applicant must be assigned to and living in the Tyndall AFB area (including all tenant units).
- o Applicant and sponsor must both possess valid military identification cards.
- o Applicant must plan to attend a two- or four-year accredited college or university, vocational or technical school, or post-graduate program in the fall of 2022.

Eligibility Restrictions:

- o Applicants are not eligible during the period they or a family member are members of the Tyndall Spouses Club Scholarship Selection Committee.
- o Previous winners of any TOSC or TSC scholarship are ineligible.
- o Dependents who are active duty or reservists themselves are not eligible for this scholarship.

DEADLINE: FRIDAY, MARCH 5th, 2021

The application packet must be completed, signed, and postmarked no later than March 5th, 2021.

Send applications packets to:

TSC Scholarship Chair, C/O Tyndall Spouses Club PO Box 40029, Tyndall AFB, FL 32403

Your completed application must include:

- o **Part I:** Dependent Data Sheet and Sponsor Information.
- o **Part Ia:** Statement of Understanding.
- o **Part II:** Verification of Eligibility. Provide ONE of the following.
 - **Active Duty Sponsor?** A copy of **orders showing applicant as a dependent OR Notarized Dependent Eligibility Verification form** (page 4).
 - **Sponsor on a Remote Tour?** **Notarized Dependent Eligibility Verification form** (page 4).
 - **Retired or Deceased Sponsor?** **Notarized Dependent Eligibility Verification form** (page 4).
- o **Part III:** Academics, Extracurricular Activities, Awards, Community Service, and Employment Information.
- o **Part IIIa:** Official transcript from your most recently attended academic institution and/or a copy of your HS diploma or GED.
- o **Part IV:** Essay. **Must be an original essay of 300-350 words, typed in Times New Roman 12-pt font, double-spaced. Essays not conforming to these requirements will be deemed incomplete and will not be considered.**
- o **Part V:** Recommendation Sheet/Letter.

Deadlines/Confirmation of Receipt:

- o The completed application packet and all accompanying paperwork must be postmarked no later than March 5, 2021. **Incomplete and/or late application packets will not be considered.**
- o An email will be sent verifying receipt of your application. **If you have submitted your application but have not received receipt confirmation by March 12, 2021, contact the Scholarship Chairperson immediately.**
- o All materials submitted with the application will become property of the Scholarship Committee. After the selection process has commenced, all applications will be destroyed to ensure privacy.

Selection and Award Notification:

A panel of independent judges from the local community will be evaluating the essays. The judges are not affiliated with the TSC and do not have access to applicant identification. You will be contacted if you have been selected for an award. An awards reception will be held to honor all recipients on April 30th. Further details will be sent via US Mail and/or email.

**Please address all questions or concerns to TSC Scholarship Committee,
Tyndall.Scholarships@gmail.com**

TYNDALL SPOUSES CLUB DEPENDENT SPOUSE SCHOLARSHIP APPLICATION

PART I: MILITARY DEPENDENT DATA SHEET AND SPONSOR INFORMATION

All applications must be sent via mail and postmarked by **March 5, 2021**. Incomplete applications and applications postmarked after March 5, 2021 will be deemed ineligible and will not be considered.

APPLICANT'S INFORMATION:

NAME (last, first, middle): _____

Applicant's ID card expiration date: _____

Address: _____
Street City, State Zip Code

Home Phone: _____ Other/Cell Phone: _____

Email Address: _____

SPONSOR'S INFORMATION:

Sponsor's Name: _____

Duty Phone: _____

Sponsor's Eligibility Category (check only one)

1. Active duty military, stationed at Tyndall _____
2. Active duty Air Force, remote tour _____ Location: _____
3. Retired Air Force _____ Date of Retirement: _____
4. MIA/deceased Air Force _____ Date: _____

Sponsor's rank/grade & Branch of Service: _____ Sponsor's ID card expiration date: _____

Sponsor's email address: _____

Sponsor's most recent duty station: _____

Sponsor's most recent organization/office symbol: _____

Signature of Supervisor or designated representative (Commander, First Sergeant, etc) Phone Number

Note: The sponsor's rank, duty station, and organization are NOT factors in awarding scholarships. Only the sponsor's Eligibility Category is used in determining whether a student is eligible to be awarded a scholarship.

TYNDALL SPOUSES CLUB DEPENDENT SPOUSE SCHOLARSHIP APPLICATION

Part Ia: STATEMENT OF UNDERSTANDING

Please read carefully and sign.

I certify that should I accept a Tyndall Spouses Club (TSC) Scholarship Award, I will abide by the following conditions:

1. Scholarship funds are to be used within the 2021-2022 academic year and I must attend a two or four year accredited college or university, vocation or technical school, or post-graduate program.
2. The amount of the scholarship award will be determined each year by the TSC.
3. All funds received shall be applied to tuition and/or associated costs administered by an accredited college or university, vocation or technical school, or post-graduate program. These costs may include books, fees, room or board, but may not be used for penalties or disenrollment fees.
4. I will have until **01 July 2021** to submit (postmarked) a completed and signed notice/acceptance of award. In failing to do so, I will forfeit the award and it will, in turn, be returned to TSC charitable funds.
5. The scholarship award, when combined with other scholarships, must not exceed the cost of tuition, fees, books, room and board for the academic year. Any remaining funds must be returned to the TSC Scholarship Committee as soon as possible.
6. If I accept an appointment to a military service academy or a full scholarship (to include tuition, books, room and board), I will be ineligible for this TSC scholarship award.
7. If I accept a scholarship from Tyndall Spouses Club, I will be ineligible for any future TSC scholarships. I certify that I have not accepted another TSC scholarship at any time.
8. It is my responsibility to notify the TSC Scholarship Committee of any change of status (e.g., change of schools, change in address, etc.). Failure to do so may result in the forfeiture of my scholarship award. Unclaimed funds revert to TSC charitable funds.
9. If any of the above conditions are violated, the scholarship award must be returned to TSC charitable funds.
10. I agree that my signature on this form will authorize the TSC Scholarship Chair to release this application, including social security number, GPA, and transcript to the Scholarship Committee as needed.
11. I certify that all information in this application is accurate to the best of my knowledge and the essay is entirely my own effort.

Applicant's Signature: _____

Applicant's Printed Name: _____

Date: _____

Sponsor's Signature (if available): _____

Sponsor's Printed Name: _____

Date: _____

TYNDALL SPOUSES DEPENDENT SPOUSE SCHOLARSHIP APPLICATION

PART II: Notarized Dependent Eligibility Verification form

Please provide proof of eligibility:

- ☐ **Active Duty Sponsor?** A copy of orders that includes applicants name **OR this** Notarized Dependent Eligibility Verification Form
- ☐ **Sponsor on a Remote Tour?** This Notarized Dependent Eligibility Verification Form
- ☐ **Retired or Deceased Sponsor?** This Notarized Dependent Eligibility Verification Form

DO NOT SIGN UNTIL REQUESTED TO DO SO BY THE NOTARY.

Applicant, please fill out the top portion of this form.

Print name: _____ Date: _____
Last name Middle initial First name

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

DO NOT SIGN UNTIL REQUESTED TO DO SO BY THE NOTARY.

I hereby represent that all above information is true and accurate.

Signature (Sign in the Presence of a Notary)

Certificate of Notary Public

State of: _____ County of: _____

I hereby certify that on this _____ day of _____, 20_____, the above-listed card bearer appeared before me and presented valid, unexpired military dependent identification document(s) (IDs). I further certify that I physically examined the ID(s) presented, that the ID(s) appeared to be genuine, and that the individual(s) appearing before me and presenting the ID(s) appeared to be the individual(s) represented on the ID(s).

Notary Public (print name): _____

Notary Public Signature

Commission Expiration Date: _____

TYNDALL SPOUSES CLUB DEPENDENT SPOUSE SCHOLARSHIP APPLICATION**PART III: ACADEMICS, EXTRACURRICULARS, AWARDS, COMMUNITY SERVICE AND EMPLOYMENT INFO**

Additional sheet provided on page 6.

ACADEMIC INSTITUTION ATTENDED

SCHOOL NAME	LOCATION & DATES ATTENDED	GPA
College or school student plans to attend:		
Degree or certificate student is pursuing:		

HONORS AND AWARDS

HONOR/AWARD	GRANTING AGENCY/DESCRIPTION	DATE AWARDED

EXTRACURRICULAR ACTIVITIES

List any programs and activities in which you have participated on campus or in your community occurring during your time as a military spouse (ex. Sports, clubs, publications, debate, drama, music, art, student government, etc.) Please list in descending order of significance.

HONOR/AWARD	DESCRIPTION/OFFICE HELD	DATE AWARDED

COMMUNITY SERVICE

List public service and community activities you have participated in as a military spouse.
Do not repeat items listed previously. Please list in descending order of significance.

ACTIVITY/ORGANIZATION	ROLE/OFFICE(S) HELD	DATES OF INVOLVEMENT/ HOURS LOGGED

TYNDALL SPOUSES CLUB DEPENDENT SPOUSE SCHOLARSHIP APPLICATION

WORK EXPERIENCE

List internships, assistantships, and jobs (including summer employment) you have held in the past four years.

EMPLOYER/JOB TITLE	PRIMARY DUTIES	DATES OF EMPLOYMENT/ HOURS PER WEEK

Part IIIa: TRANSCRIPT

Request one official transcript from your most recently attended academic institution and include it with this application.

APPLICANT’S NAME/SIGNATURE **DATE**

PLEASE INDICATE IF THE SECOND SHEET IS USED: _____

TYNDALL SPOUSES CLUB DEPENDENT SPOUSE SCHOLARSHIP APPLICATION**PART III: CONTINUED****ACADEMIC HONORS AND AWARDS**

HONOR/AWARD	DESCRIPTION/OFFICE HELD	DATE AWARDED

EXTRACURRICULAR ACTIVITIES

HONOR/AWARD	GRANTING AGENCY/DESCRIPTION	DATE AWARDED

COMMUNITY SERVICE

ACTIVITY/ORGANIZATION	ROLE/OFFICE(S) HELD	DATES OF INVOLVEMENT/ HOURS LOGGED

WORK EXPERIENCE

EMPLOYER/JOB TITLE	PRIMARY DUTIES	DATES OF EMPLOYMENT/ HOURS PER WEEK

APPLICANT'S NAME/SIGNATURE_____
DATE

This is a private organization. It is not part of the Department of Defense or any of its components and it has no government status.

TYNDALL SPOUSES CLUB DEPENDENT SPOUSE SCHOLARSHIP APPLICATION

PART IV: ESSAY

Please attach an original essay of 300 to 350 words.

The essay must be typed in Times New Roman 12-pt font and double-spaced.
Essays not conforming to these requirements will be considered incomplete.

Please do not use name, position, or other identifiers in your essay.

Judges will consider grammar and punctuation in addition to essay content.

Tell us how the COVID-19 pandemic has impacted your education and career goals.

TYNDALL SPOUSES DEPENDENT SPOUSE SCHOLARSHIP APPLICATION

PART V: RECOMMENDATION SHEET

Instructions for Applicant: This recommendation sheet should be completed by a non-relative adult who has known you for at least one year and who is not a member of the Tyndall Spouses Club.

Instructions for Recommender: Thank you for assisting the applicant with his/her scholarship application. Please help our committee by rating the student applicant from 0 (no, not at all) to 10 (outstanding, well beyond normal expectation); please give specific examples to explain any ratings below a 4 in the area below.

Please limit your recommendation to one page or less and include examples of the applicant's academic and personal achievements. These will serve as illustrations for his/her character and fitness to receive our scholarship. You may attach your recommendation on a separate sheet of paper if you wish; but, please indicate on this form in the space provided if you will be attaching another sheet.

*****Please do not use the applicant's name in your recommendation. Instead, when writing about the applicant, use phrases such as "this student."**

- | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|----|
| 1. A highly motivated, self-starter. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. Sets appropriate goals/measures progress toward attaining them. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. Leadership skills are evident with outstanding peer response. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4. Has academic potential. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5. Has exhibited extracurricular or community involvement. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 6. Exhibits positive interpersonal communication skills. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 7. Displays model behavior and citizenship. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

[illegible]

Signature: _____ Printed Name: _____ Phone #: _____

Title: _____ Name of Institution: _____

Relationship to Applicant: _____ Email Address: _____

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END OF APPLICATION PACKET

Before submitting your application, please ensure that the following items have been completed and are attached:

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- o **Part V:** Recommendation Sheet/Letter.

DEADLINE: FRIDAY, MARCH 5th 2021

Late and incomplete applications will not be considered and will be disqualified from the application process; to include improperly formatted essays.

SEND TO:

**TSC Scholarship Chair
C/O Tyndall Spouses Club
PO Box 40029
Tyndall AFB, FL 32403**

**Please address all questions or concerns to the
TSC Scholarship Committee at
Tyndall.Scholarships@gmail.com**