



AIR FORCE SERVICES SOCIETY



AIR FORCE SERVICES SOCIETY (AFSS) COLLEGE SCHOLARSHIP BOOK PROGRAM APPLICATION

Notice: All data requested on this form is required by the Air Force Services Society to determine applicant eligibility. Incomplete applications shall be rejected.

Warning: Any person who knowingly makes a false statement or misrepresentation on this form shall be considered ineligible for the program.

Section A: To be completed by the authorized member of AFSS or as a Sponsor for a dependent. Read the application instructions attached and type or print in ink. If application is for AFSS member only, Section B does not have to be completed other than signature item 16. If for a dependent both sections must be completed and signed.

1. Student-Member Last Name _____ First _____ M.I. _____]

2. Current Mailing Address: _____ 3. DOB: [Month _____ Day _____ Year _____]

City: _____] State: _____] Zip: _____]

4. Area Code/Phone No: _____ 5. Most Current Cumulative GPA on a 4.0 Scale

[_____] [_____]

6. College Grade Level for Current Year – Check Appropriate Block: Freshman Junior

Sophomore Senior 5th Yr. Undergraduate

7. Intended Enrollment Status (check one)

Full-time Half-time

8. School Most Likely attending during current period:

School Name _____ City _____ State _____]

SECTION B: To be Completed by the Authorized Member / Sponsor for a Dependent – Read the Application Instructions and Type or Print in Ink.

9. Student Last Name _____ First _____ M.I. _____

10. Area Code/Phone No: [_____]

11. Student is Member's: Child Spouse

12. Current Mailing Address: _____

13. DOB: [Month _____ Day _____ Year _____]

14. Category (check one) Active Duty Military Retired Military Active Duty Civilian

Retired Civilian AF Reserve ANG MBR Dependent Child MBR Dependent Spouse

15. I certify that the student identified in Section B is my dependent child / spouse as applicable.

16. AFSS Member Signature: _____ Date: _____

Print First Name M.I. and Last Name

Applications Deadline – 1 July 2010– No Extensions AFSS Form 2008



Instructions for Completing the Application - AFSS Form 2008

Section A – Items 1-8 to be completed by the Member. Type or print in ink. Any missing information or documentation is cause for rejection. Social security numbers are not requested due to being privacy information. The Student member could be the individual applying for the scholarship or the member may be preparing the application for a dependent. In the later case the member will insert his/her personal data in Section A and need only print and sign his/her full name in Section B, item 16. If preparing the application for a dependent or spouse, the entire form must be completed.

1. Print or type student member last name, first name, and middle initial.
2. Print or type your home address (family's current mailing address for self, dependent / spouse).
A temporary school address is not acceptable.
3. Enter month, day and year of birth. Use only numbers.
4. Enter the area code and phone number for the address listed in Item 2.
5. Enter the most current cumulative Grade Point Average [GPA] on a 4.0 Scale.
6. Enter the college grade level for current year of application by checking appropriate block.
7. Check the appropriate box to indicate your intended enrollment status for the current year.
8. Enter the name, city and state of the school you will most likely attend during the current year.

Section B - Items 1-7 to be completed by the AFSS Member for a dependent student or spouse. Type or print in ink. Any missing information or documentation is cause for rejection. Social security numbers are not requested due to being privacy information.

9. Print or type the dependent student or spouse last name, first name and middle initial.
10. Enter the area code and phone number for the address listed in Item 12.
11. Check the appropriate box that pertains to the Member's dependent, child or spouse.
12. Print or type your home address (family's current mailing address for self, dependent / spouse).
A temporary school address is not acceptable.
13. Enter month, day and year of birth. Use only numbers.
14. Check the appropriate box to indicated Air Force member's category. This may be active duty military, active duty civilian, AF Reserve, AF ANG or other.
15. Item 15 is to be completed by the AFSS Members signature. Sign your legal name, including full first name, middle initial and last name. Your signature indicates the status of the individual named in item 9 of this section as being his/her authorized dependent or spouse, or validating your signature as the AFSS Member in good standing.
16. Print First Name, M.I. and Last Name under the Signature Line.

EMAIL COMPLETED APPLICATIONS AND ATTACHMENTS TO:

LOUIS W. PROPER, JR
President AFSS
AT
Lpproper@verizon.net

OR

Mail Completed Applications and Attachments to:

Louis W Proper, Jr
4761 Belroi Green Circle
Gloucester, VA 23061
1 804-693-4663

For more information on how you may contribute to the Air Force Services Society Education Fund, please contact the President of AFSS at the phone number and address listed above or make your donation per Donations Link on the AFSS Website <http://www.airforceservicesociety.org>