

MASTER SERGEANT WILLIAM SOWERS MEMORIAL SCHOLARSHIP
Sponsored by Chapter 155/A155, Air Force Sergeants Association

This award, in memory of William Sowers, is granted to a member or a dependent of members of Chapter 155/A155. **This is a grant for continuing education.** This student must be enrolled in an accredited institution and have completed at least one semester or term of post-secondary education program.

NAME: _____ PHONE: _____

ADDRESS: _____

DATE OF BIRTH: _____ HIGH SCHOOL: _____

GRADUATION DATE: _____ CLASS RANK: # _____ IN A CLASS OF _____

INSTITUTIONS WHERE YOU HAVE BEEN ACCEPTED (Put an * next to the one you think you will attend):

FATHER/GUARDIAN: _____ OCCUPATION: _____

MOTHER/GUARDIAN: _____ OCCUPATION: _____

APPROXIMATE COST (Tuition/Room & Board if applicable/Books) PER SEMESTER/TERM: _____

APPROXIMATE % OF ASSISTANCE FROM OTHER SOURCES: _____%

IF STILL LIVING AT HOME, LIST ALL BROTHERS & SISTERS (& AGES) ALSO STILL LIVING AT HOME:

_____	_____
_____	_____
_____	_____

OTHER FAMILY MEMBERS ATTENDING POST-SECONDARY INSTITUTIONS & NAME OF INSTITUTION:

_____	_____
(Name)	(Institution)

_____	_____
(Name)	(Institution)

_____	_____
(Name)	(Institution)

LIST ACADEMIC AWARDS, HONORS, & EXTRACURRICULAR ACTIVITIES (Use additional paper if necessary):

WORK EXPERIENCE FOR THE LAST TWO (2) YEARS (Use additional paper if necessary):

ESSAY: HANDWRITTEN (300 – 500 WORDS) ABOUT YOUR GOALS AND WHAT YOU HAVE DONE TOWARD ACHIEVING THEM.

SUBMIT: THREE (3) LETTERS OF REFERENCE (NOT FAMILY MEMBERS)

A PHOTOCOPY OF SPONSORS CURRENT AFSA MEMBERSHIP CARD

(Applicant Signature)

DEADLINE: PRIOR TO 15 APRIL

Scholarship funds will be mailed directly to the post-secondary institution in time for the first semester. Under no circumstances will scholarship funds be mailed to the student.

RETURN APPLICATION TO:

Susan L. Williams, Scholarship Chairman
419 Ocean Rd
Portsmouth NH 03801-6020