



**Schriever Chapter Air Force Association
Scholarship Application**

Students are to submit this application (along with other required documentation) to their base education office

Applicant Information

Name _____ E-mail _____

Rank/Grade: _____

Last four numbers of SSN: _____ Graduation Term: Fall Spring Year _____

Mailing Address _____

Organization _____

Organization Address _____

Job Title _____

GI Bill Assistance currently receiving: _____

Signatures

Applicant _____ Date _____

Commander _____ Date _____

To be completed by base education officer:

Name of Officer _____

Tuition Assistance support _____

After selecting recipients, a copy of this one-page application should be sent to:

Base Scholarship Officer
AFA Schriever Chapter 147
P. O. Box 394
El Segundo, CA 90245