

THE SALVATION ARMY
Southern Territorial Headquarters
OFFICER CHILD EDUCATIONAL SCHOLARSHIP/GRANT



Type or Print Please

Officer's Information

Name of Officer: _____ Officer Social Security #: _____
 (With Rank)

Current Appointment: _____

Address: _____
 (Where Approved Application will be sent)

Phone Number: _____ E-mail Address: _____

Child's Information

Child's Full Name: _____ Married: _____ Present Age: _____

Social Security Number: _____ Date of Birth: _____

Name of School: _____ Major: _____

School Address: _____ Estimated Graduation Date: _____

Is this college accredited? _____ Is this a 4-year college? _____

Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____
 (1st Year) (2nd Year) (3rd Year) (4th Year)

Are grades attached? _____ or Faxed _____

Please attached the most recent grades reflecting the Cumulative GPA. If you are a freshman, please attached your senior grades from High School reflecting all semesters. Applications with no grades will not be processed.

I have read Minute 4A – Scholarship Grants for Officers' Children and have made this application for said educational scholarship grant, having met the conditions outlined thereon.

Date **Officer Signature** _____

Date **D.C. Approval**

Applications should be received through the School for Continuing Education – CEC Department. The application must have your D.C.'s signature and have a cover letter. Please send all of the original application when mailing. Your approved application and letter of approval to draw will be mailed back to you. Applications for Fall term should be received no later than **September 1st**. Any application received after this date will be considered late and may not be processed. Both semesters will be approved at one time; so, please do not fill out separate applications for Fall and Spring. In accordance with Minute 4A/IE, Applications for Scholarship Grants **MUST** be made before the school year or the amount for that year is **forfeited** and cannot be picked back up.

By signing below, I certify that the previously approved Officer Child Scholarship/Grant in the amount of \$ _____ for the previous school year Fall _____ and Spring _____ has been appropriately disbursed.

Date **Officer Signature**

Mailing Address: **SCHOOL FOR CONTINUING EDUCATION**
 c/o Student Aid & Education Records Administrator
 1032 METROPOLITAN PARKWAY, SW
 ATLANTA, GA 30310

Education Department Use Only	
Fall	20 _____ \$ _____
Spring	20 _____ \$ _____
History	
F	_____ \$ _____
S	_____ \$ _____
F	_____ \$ _____
S	_____ \$ _____
F	_____ \$ _____
S	_____ \$ _____

Child's Name: _____

(Required)

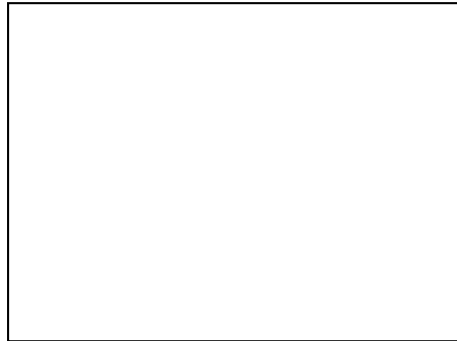
**ENDORSEMENT BY SUPERVISING OFFICER
(CORPS OFFICER, AREA COMMANDER, ARC ADMIN OR DC USE ONLY)**

REMARKS ON YOUTH: _____

Date: _____ Signature of Supervising Officer: _____

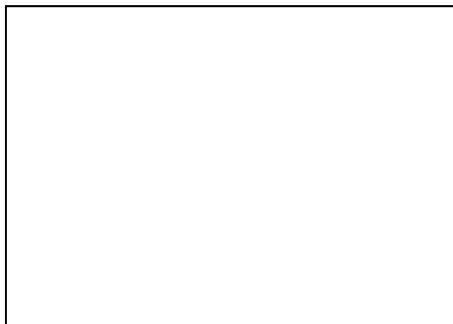
RECOMMENDED: _____ APPROVAL _____ DISAPPROVAL
(If disapproval, list reasons and an alternate suggestion)

Date: _____ Signature of DC: _____



Divisional Finance Board Stamp

TERRITORIAL EDUCATION COUNCIL USE ONLY



Education Council Stamp

Cumulative GPA: _____

Remarks by CEC: _____

Signature: _____

**Secretary of the Education Board
Assistant Principal of Continuing Education**