



**Schriever Chapter Air and Space Forces 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 _____

Are you current receiving GI Bill Assistance? ___ If so, what amount? _____

Signatures

Applicant _____ Date _____

Commander _____ Date _____

The following to be completed by the base education officer:

Name of Officer _____

Amount of Tuition Assistance provided through the base? _____

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