

WARRIOR OUTREACH INC. Art Chriss Memorial Scholarship Application 2024

Applicant Full Name:			
Date of Birth:			
Social Security Number:			
Mailing Address:			
Phone Number:			
Email:			
Indicate Category: Parent KIA	Parent WIA		Child of Service Member
High School, College/University,	Tech/Trade School att	ending:	
Anticipated Graduation Year:		_	
Declared or Intended Major:			
Current School GPA:			
Certified Standard Test Scores:	SAT	ACT	Other
	rving or who has served		is a natural, adopted, or step-child of a nited States military. (Note: Parent must provide proof
Name of Parent or Guardian:			
Signature of Parent/Guardian:			Date:

RETURN THIS APPLICATION AND ATTACHMENTS TO:

Mail: Warrior Outreach Inc.

ATTN: Committee Chair, Memorial Scholarship Chairman

6350 GA HWY 219 FORTSON, GA 31808

Applications Must be received with all attachments to be considered NLT 30 April 2024. In addition to the application, the following five (5) attachments are required at the time of application. Please ensure the applicant's full name is included on the top of each attachment.

Attachment 1:

Describe your ambitions and goals. (May include your chosen field of study) (250 word limit)

Attachment 2:

Two persons in your chosen field of study that have most influenced you and why. (250 word limit)

Attachment 3:

Volunteer Activities, training, and awards received in the past four (4) years.

Attachment 4:

Two (2) letters of recommendation: at least one from a teacher or professor. Not a relative. (*Note: Previous scholarship recipients who are reapplying need send only* a letter of recommendation from a professor/teacher)

Attachment 5:

Official High School transcript and/or current College/University/School GPA/Grades (*Note:* Previous scholarship recipients who are reapplying need send only a current copy of grade transcripts supplied by the educational institution.)

Attachment 6:

Letter of endorsement on your personal support to Veterans (include number of hours Volunteered)