

# USS Missouri BB-63 Association, Inc.

## Scholarship Assistance Program

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone number \_\_\_\_\_

Parents Name; Father \_\_\_\_\_ Mother \_\_\_\_\_

Name of USS Missouri BB-63 connection: \_\_\_\_\_

High School graduated from: \_\_\_\_\_ GPA \_\_\_\_\_

Current Enrollment or accepted college \_\_\_\_\_

Course of study \_\_\_\_\_ Number of hours this period \_\_\_\_

Class grade (freshman, sophomore, etc) \_\_\_\_\_

Tell us why you think you qualify for these funds (essay attached)

All the above is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Deadline for application is June 1<sup>st</sup> of this year.

The amount of this scholarship is \$1000.00

**Mail application to:**

**John McKinney**

**76 Ocean House Road**

**Cape Elizabeth, ME 04107-1142**

**1/22Jm**