

# USS Missouri Association

## SCHOLARSHIP ASSISTANCE PROGRAM APPLICATION

**NAME Last:**

**HOME ADDRESS Street:**  
**City:**

**Date of Birth:**

**PARENTS INFORMATION Father:**

**USS MISSOURI BB-63 CONNECTION Full Name of Reference:**

**HIGH SCHOOL INFORMATION Graduated from:**

### COLLEGE INFORMATION

**Name of Institution:**  
**Course of Study or Major:**  
**Class grade (freshman, sophomore, etc)**

**First: \_\_\_\_\_ Middle Initial:**

**State: \_\_\_\_\_ Zip Code: Phone number:**

**Father: \_\_\_\_\_ Mother:**

**GPA:**

**Hrs this Sem.**

**PLEASE ATTACH ESSAY EXPLAINING WHY YOU QUALIFY FOR THESE FUNDS.  
All the above is true to the best of my knowledge.**

**Signature:**

**Date:**

**Deadline for application is July 1st of the attending school year. The amount of this scholarship is \$1000.00**

**Mail application to:**

**John McKinney**

**76 Ocean House Road Cape Elizabeth, ME 04107-1142**