



Space Coast Chapter Women In Defense Scholarship Program 2019-2020 Scholarship Application Package

1. EMPLOYMENT: List up to your last three employers. Do NOT submit a resume in lieu of the following list. Include the name of the employer, your position/internship, the dates of your employment, and typical hours worked weekly.

Employer's Name Enter Job/Position. Employment Start & End Dates Choose an item.

2. AWARDS & HONORS: Do NOT include copies of certificates.

Awarded by Award Title Date Awarded Choose an item.

3. DEFENSE, NATIONAL SECURITY ACTIVITIES and COMMUNITY SERVICE:

Extracurricular, professional, community—during the **last 12 months only**.

Title Date Choose an item.

4. DEMONSTRATION OF FINANCIAL NEED: (scholarships, fee/tuition waivers, grants, loans, etc.).

Check all that apply

- I am receiving scholarships, waivers, or grants
- I am taking out student loans to pay for my education
- I have limited resources to pay for my continuing education

Please explain below as necessary:

Describe your financial need.

5. ESSAY Checklist



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- Essay is on one, 8.5” x 11”, page, 1” margin (all sides), 1.5” line spacing, Times New Roman 12 point font.
- Essay includes: statement of interest; description of principle accomplishments that relate to your professional goals including academic, professional, or community activities; and objectives of your educational program relating them back to your national security, defense, or STEM career plan.
- Essay is free of spelling errors, uses proper grammar, and is well organized.

6. Professional or Academic Recommendation (one)

Yes No A letter of recommendation is included in my nomination package.

Please supply the below information about “your reference”:

First and Last Name	Name of Current Employer	Title
Email Address	Phone Number	

VI. SUBMISSION: *I hereby certify that all of the information contained in this application and supporting materials is true and correct to the best of my knowledge and belief. Providing misleading or incomplete information may disqualify me from scholarship consideration.*

Applicant: First and Last Name Date

Please email your completed application, one-page essay, and letter of recommendation (The Application Package) to: STEM@scwid.org or mail your application package to:

Space Coast WID Scholarship Program
P.O. Box 410832
Melbourne, FL 32940-0832

Email application packages received after April 19, 2019

or mailed application packages postmarked after April 19, 2019 will not be considered.