

416th ENCOM ASSOCIATION SCHOLARSHIP APPLICATION



Applicant's Full Name:	Date o	fApplication	:
Street Address:	City:	State:	Zip:
Email: Home Phone #:	Mobil	e Phone #:	
Rank: Military Unit:		Phone #:	
Unit Address:	City:	State:	Zip:
College:	Course of Stud	y:	
Street Address:	City:	State:	Zip:
Currently Enrolled: \Box Yes \Box No If no, Exp	pected Date of Enrollment:		
Study Type: \Box In-Person \Box Online Exp	pected Date of Graduation:		

Application Documents: Please attach the following to this completed application. Note: Some are optional.

- 1) College or University Acceptance Letter or Letter of Current Enrollment.
- 2) Personal Essay (500 words or less): "Explain how your course of study will further your military and civilian career."
- 3) [Optional] Letters of Recommendation (Up to two).
- 4) [Optional] Military Background: Years of Service, Current Career Field, Awards and Decorations.
- 5) [Optional] Copy of latest High School or College Transcript to include ACT/SAT score.

Completed applications should be emailed to encomscholarship@gmail.com

Questions? Email encomscholarship@gmail.com, or call or text 708.942.4862