



**Women In Defense, A National Security Organization  
HORIZONS Scholarship**

2111 Wilson Boulevard, Suite 400 • Arlington, VA 22201-3061  
Voice mail 703-247-2552 • Fax 703-522-1885 • Web site <http://wid.ndia.org>

**Applications MUST be completed in full**, but only send items requested. Do not include extra items such as copies of awards, certificates or photographs. Only students meeting eligibility requirements will be considered—no exceptions. Only applicants selected to receive a HORIZONS scholarship will be notified of the results. Recipients will be posted on the website (<http://wid.ndia.org>), so please check periodically (no inquiries, please).

**I. ABOUT YOU.** For this section, please **print legibly or type**.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
          First                    Middle                    Last

Address \_\_\_\_\_  
                                  Number                                    Street

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

Telephone – Work \_\_\_\_\_ Home \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

How did you learn about HORIZONS? \_\_\_\_\_

Applying for a HORIZONS scholarship for the academic year \_\_\_\_\_

University/College \_\_\_\_\_

Check enrollment status \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time      Are you a citizen of the United States?  Yes  No

If applying as a graduate student, complete the following

Major \_\_\_\_\_ Credit hours completed \_\_\_\_\_ Overall GPA \_\_\_\_\_

If applying as an undergraduate student, check & complete the following

Junior \_\_\_\_\_ Senior \_\_\_\_\_ Credit hours completed \_\_\_\_\_ Overall GPA \_\_\_\_\_

Major \_\_\_\_\_ Major GPA \_\_\_\_\_ Minor \_\_\_\_\_

**1. EMPLOYMENT.** List last three employers. Do NOT submit a resume in lieu of the following list. Include the name of the employer, your position, and the dates of your employment.

Employer	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. AWARDS & HONORS.** Do NOT include copies of certificates. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_  
First Middle Last

**II. ESSAYS—DEMONSTRATION OF INTEREST IN A CAREER IN NATIONAL SECURITY OR DEFENSE**

Attach no more than one page to answer all three of the following. Minimum: 500 words; maximum: 600 words. Responses must be typed and single-spaced. Include your name on the sheet.

1. Statement of interest: Describe your interest in pursuing a career in national security or defense. Include a description of your long-term goals as they relate to that career.
2. Statement of prior accomplishments: Describe what you believe have been the principal accomplishments in your life that relate to your professional goals, including academic, professional, or community activities.
3. Proposed program/course emphasis: Describe the objectives of your educational program and list your course of study for the requested semester, relating them back to your national security or defense career plans.

**III. DEMONSTRATION OF FINANCIAL NEED**

List sources and amounts of all **financial assistance** (scholarships, fee/tuition waivers, grants, loans, etc.) you will receive in the academic term for which you are applying. **Failure to disclose this information will disqualify you.**

Source/Amount \$ \_\_\_\_\_  
Source/Amount \$ \_\_\_\_\_  
Source/Amount \$ \_\_\_\_\_  
**TOTAL ASSISTANCE \$ \_\_\_\_\_**

List amounts of the following **expenses** for the academic term for which you are applying:

Tuition \$ \_\_\_\_\_  
Books \$ \_\_\_\_\_  
Fees \$ \_\_\_\_\_  
**TOTAL EXPENSES \$ \_\_\_\_\_**

**TOTAL NEED \$ \_\_\_\_\_**  
(subtract the total of assistance received from total expenses)

*Financial aid officer at your school*

\_\_\_\_\_  
Name Position  
\_\_\_\_\_  
Address Telephone E-mail

**IV. DEMONSTRATION OF ACADEMIC ABILITY**

Provide academic transcripts from all post-secondary schools attended.

**V. LETTERS OF RECOMMENDATION**

Provide two letters of recommendation from individuals who are familiar with your accomplishments and career goals. At least one must be from a faculty member at your current college/university. List below the names of the two individuals you have asked to submit recommendations of your work or accomplishments.

\_\_\_\_\_  
Name Position  
\_\_\_\_\_  
Address Telephone E-mail  
\_\_\_\_\_  
Name Position  
\_\_\_\_\_  
Address Telephone E-mail

**VI. SUBMISSION. *I hereby certify that I am a United States citizen (provide proof in form of copy of birth certificate or first page of passport) and that all of the information contained in my application and supporting materials is accurate.***

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