

Bob Deeds Scholarship

All application parts must be *postmarked* by June 26, 2017

Winner will be notified by mail by July 24, 2017

*Only children of the Picatinny community will be considered. All adults, male and female, are encouraged to sign up for WID at <http://www.ndia.org/membership/affiliate-memberships/join-wid>
Government employees can sign up for FREE.

PROGRAM DESCRIPTION

The *Bob Deeds Scholarship* has been designed to help a high school student athlete in the pursuit of a college degree. 1 Grant of \$1,000 will be available to a graduating high school senior who plans to enroll fulltime at a two-year or four-year accredited institution during the upcoming academic year.

ELIGIBILITY REQUIREMENTS

- 1. Student whose parent is a member of the Picatinny community.**
- 2. A minimum cumulative GPA of 3.00 on a 4.00 scale (or the equivalent)**
- 3. Demonstrated Commitment to high school athletics**

A completed application package requires the following:

- Application (below)**
- Personal Essay (described below)**
- An official high school transcript (originals only) in a sealed envelope.**
- Resume of participation in extracurricular activities, including awards received while in high school, and jobs held**
- Three (3) letters of recommendation from:**
 - A school official describing your academic achievement**
 - A coach describing your commitment to athletics**
 - A teammate describing your qualities as a teammate**
- A copy of the letter of acceptance from College or University.**
- A copy of your letter of intent response to the above University.**

PERSONAL INFORMATION (PLEASE PRINT OR TYPE)

Bob Deeds Scholarship Application

Name _____ Date of Birth _____

Parent's Picatinny Affiliation _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

HIGH SCHOOL INFORMATION

High School Name _____ Graduation Date _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____

FAMILY INFORMATION

Father's/Guardian's Name _____ Occupation _____

Mother's/Guardian's Name _____ Occupation _____

Mailing Address (if different from above) _____

Employer(s) _____

Personal Essay – Please attach and submit with your application

How did being an athlete guide you to becoming a good citizen and the person you are? (Limit to 1000 words)

I, _____, acknowledge that the information contained in this application is accurate. If it is found that any information herein is false, I understand that my application will be withdrawn and not considered at any time thereafter.

Signature _____ Date _____

Please submit all materials to:

Women In Defense – Picatinny Chapter

P.O. Box 87

Wharton, NJ 07885

Attention: WID Scholarship program

For questions or more information, please contact Yin Chen: yin.m.chen2.civ@mail.mil or 973-724-4945

Bob Deeds Scholarship Application: Recommendation Letter, School Official

Name: _____

Title: _____

School Name: _____

School Address: _____

Email: _____

Telephone Number: _____

Name of Student: _____

Relationship to Student: _____

Please describe the student's academic achievement and your experience working with the student.
What is the most outstanding and most unique quality of the student? (Attach additional pages if needed)

Please mail before 6/19/2017 to:
Women In Defense – Picatinny Chapter
P.O. Box 87
Wharton, NJ 07885
Attention: WID Scholarship program

For questions or more information, please contact Yin Chen: yin.m.chen2.civ@mail.mil or 973-724-4945

Bob Deeds Scholarship Application: Recommendation Letter, Coach

Name: _____

Title: _____

Company/Organization: _____

Address: _____

Email: _____

Telephone Number: _____

Name of Student: _____

Relationship to Student: _____

Please describe the student's work ethic, leadership in a team setting, and your experience working with the student. What is the most outstanding and most unique quality of the student? (Attach additional pages if needed)

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Wharton, NJ 07885
Attention: WID Scholarship program

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Bob Deeds Scholarship Application: Recommendation Letter, Teammate

Name: _____

Title: _____

Company/Organization: _____

Address: _____

Email: _____

Telephone Number: _____

Name of Student: _____

Relationship to Student: _____

Please describe the student as a peer. What is your most memorable experience working/training with the student? What is the most outstanding and most unique quality of the student? (Attach additional pages if needed)

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