

Rear Admiral Scott L. Sears Memorial Scholarship

The Following information is to be completed by your Guidance Counselor

Academic Record

_____’s grade point average is _____, based on
(Student’s name)

_____ (number of) semesters at _____ High School.

_____ Date _____
(Guidance Counselor’s signature)

Rear Admiral Scott L. Sears Memorial Scholarship

Scholarship Recipient Press Release

Recipient's full name: _____

Date: _____

I do _____ do not _____ give the Military Officers' Association of America, New River Chapter, permission to use any image of myself for purpose of publication in media outlets, including print, newspapers, magazines, radio, television, online, and specifically on the New River Chapter web page.

Signature of Scholarship Recipient

Date: _____

Signature of Parent or Guardian

Date: _____

Rear Admiral Scott L. Sears Memorial Scholarship

AFFIDAVIT

MOAA, New River Chapter Rear Admiral Scott L. Sears Memorial Scholarship

If I am the recipient of the Rear Admiral Scott L. Sears Memorial Scholarship, I understand and agree to the following:

- **If I accept an appointment at a service academy, I will immediately notify the MOAA, New River Chapter Scholarship Chairperson.**
- **I understand that the scholarship funds awarded by the New River Chapter are restricted to the payment of tuition, academic fees, books, room and board.**
- **I understand that if I fail to matriculate at an accredited post-secondary institution in the Fall of 2020, I must return all the scholarship money awarded by the MOAA, New River Chapter.**
- **I understand that the award check will be made out in the name of the accredited post-secondary institution that I will be attending in the Fall of 2020.**
- **I understand and agree that the Selection Committee is solely responsible for the selection of the scholarship winners and its decision is final.**
- **In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand that falsification of information will result in termination of the Rear Admiral Scott L. Sears Memorial Scholarship.**

Signature of Applicant

Date: _____

Signature of Parent or Guardian

Date: _____