

APPLICATION PROCEDURES

1. Complete and sign the application, ensuring all sponsor signatures and eligibility elements, as well as supporting documents when required, are enclosed in a single package.
2. Transcript of applicant's high school GPA or the latest semester of college grades.
3. Proof of acceptance, enrolled or registered, in an institution of higher learning. This institution must be a recognized college, university or technical training facility in the state of Colorado.
4. The application file should contain a cover letter written by the applicant providing a brief history, education, career goals and any additional information the applicant feels should be considered pertinent by the Board of Directors. This letter should be typed, printed on a computer or legibly handwritten.
5. A recommendation from the sponsoring Detachment Commandant or Unit President, preferably based on an interview, advising the application review members of the reasons the applicant should receive consideration. An interview should evaluate such considerations as attitude, respect, patriotism, self-discipline, etc. A phone interview is acceptable.
6. The application must be postmarked by April 1st. Mail all application packages to the President of the Department of Colorado Scholarship Fund as identified in the current year Department Staff roster.
7. Application packages will not be returned.
8. Any of the selection board members can contact an applicant for further information.
9. Special circumstances for exceptions can be presented to the officers of the Board at any time.

SCHOLARSHIP APPLICATION
Department of Colorado Scholarship Fund

DATE _____

Name _____ Date of Birth _____

Address _____ Telephone _____

_____ Soc. Sec. # _____

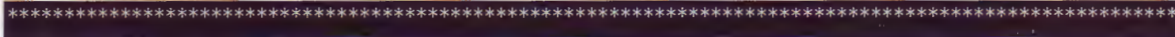
School Attending _____ Student ID# _____

School Address _____

Name of College/Technical institute to attend _____

Year starting fall semester: 1 2 3 4 (Circle One)

Applicant's Signature _____



Eligibility of Sponsor *To be completed, verified and signed by the indicated Detachment or Unit Officer. In the event the applicant is related to the indicated officer, the Sr Vice Commandant or President will sign in their stead.*

<i>Sponsor Name</i>	<i>Relationship</i>	<i>Membership *</i>	<i>Dues Exp. Date</i>
_____	_____	_____	_____

I certify that the dues of the sponsoring member are paid.

Paymaster/Treasurer Name _____ Signature _____

I certify that the indicated sponser is qualified to sponsor this applicant and that this Detachment/Unit co-sponsors the applicant. A letter of recommendation is attached in accordance with the application procedures. The Applicant has ___/has not ___ been Interviewed.

Detachment / Unit Name & Address

Commandant / President Name

Commandant/President Signature

Date Signed _____