



Military Order of the Stars and Bars Scholarships
ATM Department - General Patrick R. Cleburne
AOT Department - General Nathan B. Forrest
ANV Department - General Robert E. Lee

Scholarship Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Telephone Number: (____) - ____ - _____

Email Address: _____

Parents/Guardians: _____

Educational Institutions/High School Attended:

Name: _____ Attended From: ____/____/____

Address: _____ Attended To: ____/____/____

City: _____ State _____ Graduated: Yes _____ No _____

Name: _____ Attended From: ____/____/____

Address: _____ Attended To: ____/____/____

City: _____ State _____ Graduated: Yes _____ No _____

Name: _____ Attended From: ____/____/____

Address: _____ Attended To: ____/____/____

City: _____ State _____ Graduated: Yes _____ No _____

**Educational Institutions Attended:
College/University
(Two Year, Four Year, Graduate School, etc.)**

Name: _____	Attended From: ____/____/____
Address: _____	Attended To: ____/____/____
City: _____ State _____	Graduated: Yes ____ No ____
Name: _____	Attended From: ____/____/____
Address: _____	Attended To: ____/____/____
City: _____ State _____	Graduated: Yes ____ No ____
Name: _____	Attended From: ____/____/____
Address: _____	Attended To: ____/____/____
City: _____ State _____	Graduated: Yes ____ No ____

Financial Aid

Have you applied for financial assistance elsewhere? Yes ____ No ____

Have you been awarded other financial aid? Yes ____ No ____

If YES, list the name of the award, address of the fund/activity, amount or value of the award:

Institution where you plan to attend

Name: _____

Accepted by institution: Yes ____ No ____ Enrollment Date: _____

Academic Honors/Awards Received

(Academic Societies, clubs, offices held, papers/articles published, etc. *Applicants are free to attach additional pages and a resume*).

I declare that all the information provided is true and correct to the best of my knowledge.

I have read and understand all eligibility requirements.

I understand that the decision of the Scholarship Committee is final.

I give my permission to the Military Order of the Stars and Bars to verify/investigate all information provided on this application.

Are you a current active MOS&B member? _____

If so, please give Membership Number _____

Are you a blood relative of a current active MOS&B member? _____

If so, please give his name and number: _____

Printed Name

Signature

____/____/_____
Date