



SHADOW WARRIOR ASSOCIATION
P.O. BOX 70677
FORT BRAGG, NORTH CAROLINA 28307

1. SUBJECT: Shadow Warrior Association (SWA) Scholarship Application for Fall (Submission Window: 1-31 May) and Spring (Submission Window: 1-10 NOV) Semesters

2. Shadow Warrior Association Membership Verification: Verify that either the applicant, or spouse of applicant, or parent of applicant is a current member of the Shadow Warrior Association. Check YES or NO. YES NO

3. TYPE OF APPLICANT: Select type of Scholarship Applicant

Active Duty Soldier or Veteran with a Honorable Discharge: Current Active Duty Soldier serving or has previously served in the 112th Signal Battalion; or a Veteran with an Honorable Discharge who previously served in the 112th Signal Battalion.

Spouse of a 112th SIG BN Soldier: A dependent spouse married to a current Active Duty Soldier who is serving or has previously served in the 112th Signal Battalion; or married to a Veteran with an Honorable Discharge who previously served in the 112th Signal Battalion.

Child of a 112th SIG BN Soldier: A child (no older than 23 years old) of a current Active Duty Soldier who is serving or has previously served in the 112th Signal Battalion; or a child of a Veteran with an Honorable Discharge who previously served in the 112th Signal Battalion.

4. TYPE OF SCHOLARSHIP: Select one or both types of scholarships you would like to compete for. Applicant will only be selected for one type of scholarship award.

The SWA MG Dave Bryan Scholarship ([Must be enrolled in STEM Program](#))

SWA General Studies Scholarship

5. APPLICANT INFORMATION: Fill out if you are a **SPOUSE** or **CHILD** of either an Active Duty Soldier or a Veteran an Honorable Discharge. If you are an Applicant who is Active Duty or a Veteran skip section 5 and fill out section 6.

Last Name

First Name

MI

Male-M/ Female-F

U.S. Citizen Yes/No

Date of Birth

Age



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Current Address

City & State

Zip

Telephone

E-mail Address

5. Active Duty or Veteran Information: Fill out if you are an Active Duty Soldier or an Army Veteran and are 1) the Applicant, 2) The Spouse of the Applicant, or 3) the Parent of the Applicant.

Last Name

First Name

MI

Age

Current Address

City & State

Zip

Telephone Number

E-Mail Address

Rank

a. Military Status of Parent, Spouse, or Applicant (Check one):

- Currently assigned to 112th SIG BN
- Previously assigned to the 112th SIG BN and still on Active Duty.
- Previously assigned to the 112th SIG BN and am an Army Veteran.

b. Dates assigned to 112th SIG BN:

Year

to

Year

c. Soldier's/Veteran's duty positions while assigned to 112th SIG BN:



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d. Honorable Discharge of Veteran (Parent, Spouse, or Applicant) if applicable.

Date of Honorable Discharge

DD 214 (Certificate of Discharge) Included in packet. YES NO

6. MY HIGH SCHOOL INFORMATION: Fill out if applicant is still attending high school or if applicant has graduated high school but has completed less than 30 hours of college level credits.

a. High School Attended:

High School Attending/Attended

High School City & State

Graduation/GED Date

b. SAT Scores: **or ACT Score:**
 Reading Math Writing Composite Score

c. High School GPA: out of

d. Scholastic Honors/Distinctions:

e. Other Honors/Awards



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f. Volunteer Work (include organization and office held):

g. Academic/Social/Other (include organization and office held):

h. Sports (include sport/position/JV/Varsity):

i. Extracurricular activities in school (e.g., clubs, honor societies, etc)

j. Extracurricular activities outside of school (e.g., community, church, social club, scouting, etc.):

7. APPLICANT'S RECENT EMPLOYERS:

Summer Employer

Year

Hours worked/week

Summer Employer

Year

Hours worked/week



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Summer Employer

Year

Hours worked/week

Academic Year Employer

Year

Hours worked/week

Academic Year Employer

Year

Hours worked/week

Academic Year Employer

Year

Hours worked/week

8. APPLICANT'S HIGHER EDUCATION:

College/School you will attend in the Fall

City & State

Zip

Full mailing address of this school's financial aid office

Telephone

E-mail

a. **Expected Enrollment Status:**

Full Time

Half Time

Less than half time

b. **College year you will enter in Fall:**

Fr

So

Jr

Sr

c. **Field of Study/Major:**

d. **Anticipated Graduation Date:**



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e. College, vocational, or technical school(s) previously attended: (Enclose transcripts for all.)

<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
School	City & State	Dates Attended	# of Credit Hrs	GPA
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
School	City & State	Dates Attended	# of Credit Hrs	GPA
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
School	City & State	Dates Attended	# of Credit Hrs	GPA
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
School	City & State	Dates Attended	# of Credit Hrs	GPA

10. APPLICANT'S ESTIMATED ACADEMIC YEAR EXPENSES:

a. Estimated Education Expenses

Tuition:	\$
Institutional Fees	\$
Books	\$
On Campus Room & Board	\$
Off Campus Housing	\$
Total	\$

b. Housing Status: **On Campus** **Off Campus**

c. Anticipated sources of funding:

Employment Grants Student loans Parental assistance Savings

11. MY PRIOR APPLICATIONS:

a. Have you previously applied to the Shadow Warrior Association Scholarship Foundation for a scholarship **Yes** **No**



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If YES, in what year(s) did you apply and did you receive funding?

Note: If you were awarded a SWA scholarship you must wait a full year to apply for another scholarship.

b. Are any other family members also applying to this foundation now?

YES NO If yes list full name(s)

12. Explanations/Special Circumstances: On a separate sheet, submit an explanation of any unusual expenses, such as high medical or dental expenses, other debt, child care, elder care, or special conditions that you believe should be taken into account by the scholarship committee.

CERTIFICATION

Must be signed by Applicant. Must also be signed by Active Duty/Veteran Spouse or Parent if Applicant is Spouse or Child

All the information provided in this application is true and complete to the best of my knowledge. If selected for an award, I consent to my name and photo being used in SWA press releases, in the annual report, on the SWA web site, or in SWA promotional material.

Applicant's Signature	Date	* Spouse /Parent Signature	Date
Applicant's Printed Name		* Spouse/Parent Printed Name	

* Only required if child/spouse is applicant (not required if Applicant is Active Duty or Army Veteran)
* Spouse or Parent must be Active Duty or Army Veteran

*** Submission Windows:** Fall Semester Submission window is 1-31 May each year. The Spring Submission Window is 1-30 November each year. Email completed packets to 112swa.scholarships@gmail.com.