

Air Force Retired Officers Community (AFROC) / Falcons Landing Scholarship

15 @ \$5,000 – one per high school

Criteria: Must be a graduating senior from a Loudoun County public high school

Must have a cumulative 3.0 GPA or better

Must be attending a two- or four-year accredited college or university

Attach a copy of FAFSA

Transcript must be included

Two letters of recommendation

Incomplete applications will not be considered

Deadline: Complete application package must be emailed by April 30, 2024. Email to

FalconsLanding-scholarship-applications@falconslanding.org

APPLICATION FORM

Please complete in blue or black ink or type.

Additional pages may be attached.

Name of High School_____

Applicant's Full Name_____

Applicant's Email_____

Date of Birth_____ Phone_____

Parent(s) or Guardian(s)_____

Address_____

Class Rank _____ GPA _____ (To be filled in by counselor):

Accepted by (colleges or universities) _____

Scholastic Honors

Extra-curricular Activities (include number of years and offices held)

Community Activities (include number of years and offices held)

Please reply to the following questions in essay form. Use the other side of this sheet if necessary or attach another sheet.

Describe your planned course of studies and educational goals and tell why you have selected this field:

Explain why you need and will benefit from this scholarship:

FINANCIAL STATEMENT

I. Student Employment (Includes full or part-time during the last two years):

Employer	Type of Work	Employed From To	Weekly Earnings
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Amount you have saved toward higher education _____

II. Family Income

	Occupation	Annual Income
Father	_____	_____
Mother	_____	_____
*Other	_____	_____
Total Family Income		_____

*Specify by source, such as Social Security, Veteran's benefits, income of other family members, or investment income.

Copy of FAFSA (Free Application for Federal Student Aid) or SAR (Student Aid Report) must be submitted with this application.

III. Estimated Expenses for one school year:

Tuition & Fees	_____	Transportation	_____
Room & Board	_____	Clothing	_____
Books & Supplies	_____	Laundry	_____
Medical, incl. Insurance	_____	Other	_____
Total Estimated Expenses		_____	

IV. Expected Financial Resources (per year):

From Family	_____	From Other Scholarships	_____
From Earnings	_____	From Contributions	_____
*From other Sources	_____	Total Expected Resources _____	

*Specify by source, such as trust funds, insurance, etc.

V. Other Dependents in Family

Name	Age	If student, name of school
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We declare the information in this application and financial statement to be true and accurate, to the best of my/our knowledge.

_____	_____
Signature of Student	Signature of Parent(s) or Guardian(s)

I authorize the release of transcript to the Scholarship Committee so that he/she may be considered for this scholarship.

_____	_____	_____	_____
Signature of Student	Date	Signature of Parent if student is under 18 years of age	Date