

## NATIONAL ACO\* SCHOLARSHIP APPLICATION

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Print Last Name	Print First Name	MI	Social Security Number
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Permanent Mailing Address: Street Number or PO Box	Home Phone Number (    )    -
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City	State	Zip Code	Date of Birth	Month	Day	Year
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Year in College for which applying:	If other than college, specify
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Freshman   
  Sophomore   
  Junior   
  Senior

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Father's Last Name	First	MI	Mother's Last Name	First	MI
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Parents' Address: Street Number or PO Box	City	State	ZipCode
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Check Sponsor's Relationship	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	Home Phone No. (    )    -	Father's Office Phone (    )    -	Mother's Office Phone (    )    -
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Sponsor's Rank/Grade	Present Occupation	Check Sponsor's Status	Is Sponsor Retiring Soon?	Is Sponsor Deceased?
		<input type="checkbox"/> Active <input type="checkbox"/> Retired	Mon.      Yr.	Yr.

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Sponsor's Spouse's Occupation	Parents' Marital Status	Total Children Living at Home or College	No. in College Excluding Applicant
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No of Children now Receiving Educational Loans	Is Applicant Presently Receiving Other Scholarships?	If Yes, what scholarships and in what amount.
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Name of Institution	City	State	Miles from Home
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Expected Graduation Date	Degree/Certificate Sought	Field	Is Instit. State-Supported <input type="checkbox"/> Yes <input type="checkbox"/> No
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Why did you choose the particular college or institution?

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Describe your accomplishments in school and out of school, and explain why, in your opinion, you are a good candidate for scholarship aid from the Association of Commissioned Officers.

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What are your goals in life?

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Please attach a transcript of your latest grades.

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Please attach your 500 word essay on "Why I Chose My Major Field of Study."

Do not feel bound by the limitations on this form. If necessary, you may attach letters of other explanatory material which will assist ACO in making comparisons with the records of other students.

MAIL COMPLETED APPLICATION PACKAGE TO:

National ACO Scholarships, Inc  
P.O, Box 13083  
Silver Spring, Maryland 20911-3083