

BLACKHORSE ASSOCIATION SPOUSE SCHOLARSHIP APPLICATION

Applicant Full Name _____ Student ID# _____ DOB _____
Address _____ City _____ State _____ ZIP _____
Phone (home) _____ (cell) _____ E-Mail _____
Indicate Category, if applicable Parent KIA _____ Parent WIA _____ Spouse WIA _____
High School/College you are attending _____, graduating Year _____
Declared or Intended College Major _____
Scholarship application Full Time _____ Part Time _____
Certified Standard Test Scores SAT _____ ACT _____ Other _____

Provide each of the following as attachments to this application. (Full Name on each page).

Attachment 1. Describe your ambitions and goals. (Limit to 250 words).

Attachment 2. Describe your military experience. (Limit to 250 words).

Attachment 3. Provide a copy of your resume.

Attachment 4. Provide a letter recommendation. No relatives please.

Attachment 5. Official transcript from your more recent High School or College/University/School. These must either be mailed direct to address below or provided with your application in a sealed envelope from the high school or college.

Attachment 6. Proof of current Regimental service in form a copy of orders, awards, BHA membership, etc. Proof is also required for wounds received while serving in the US Military, ensure the unit of assignment is annotated. (Black out all SSN).

(Note: Previous scholarship recipients who are reapplying must complete the full application process.)

Service Member Affidavit

I affirm that the Scholarship Applicant _____ is the Spouse of a Service Member who is currently serving in the 11th ACR. Membership # _____

Name of Service Member (Please print) _____

Signature _____ Date _____

RETURN THIS APPLICATION AND ATTACHED MATERIAL TO:

Murphy Gagne
The Blackhorse Association
5521 Keltonburg Rd.
Smithville, TN 37166

E-Mail: cbear7806@gmail.com

Phone: 615-597-9603

Applications must be postmarked by April 1 each year for consideration

Form date – November 15, 2019