



THE ENLISTED ASSOCIATION

<http://www.trea.org>

MEMORIAL FOUNDATION

1111 SOUTH ABILENE COURT

AURORA, COLORADO 80012-4909

Phone: (303) 752-0660 Toll free: (800) 338-9337

Fax: (303) 752-0835 Toll free: (888) 882-0835

TREA MEMORIAL FOUNDATION

APPLICATION FOR 2017-2018 TREA NATIONAL SCHOLARSHIP

Please print in ink or type. Illegible applications will NOT be considered. Incomplete applications will not be considered.

When school policy dictates, transcripts may be sent under separate cover.

Completed applications must be postmarked no later than April 30, 2017. Completed applications cannot be received at TREA Memorial Foundation Headquarters before January 5, 2017.

1. PERSONAL INFORMATION

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone:() _____ FAX:() _____ Email: _____

2. ELIGIBILITY

Applicants must have Dependent status*. Adults or emancipated children are not eligible. Applicants also must be the child, grandchild or great-grandchild of a TREA member in good standing, or a deceased TREA who was in good standing at the time of his/her demise.

**If more than half of your support for the year is provided by another person, you can generally be claimed as a dependent. That person will usually be your parent (or someone else who is related to you and whose household you are a member of). {<http://www.irs.gov> Publication 4, Student's guide to Federal Income Tax}*

My PARENT / GRANDPARENT / GREAT GRANDPARENT is a member of TREA. (Circle One)

TREA Member's Name: _____

TREA Member's Membership Number: _____

TREA Member's Street Address: _____

City _____ State/Zip _____ Phone: _____

3. EDUCATIONAL STATUS

High School/College: (circle One) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Graduation Date: _____

What year (Circle One - Freshman, Sophomore, Junior, Senior) are you entering, based on this year's submission?

I HAVE:

Applied for admission to _____, (College/University) and have been accepted or I am a full time student. (Please provide proof of acceptance or enrollment.)

School Address: _____

City:: _____ State: _____ Zip Code: _____

4. SCHOOL SPONSORED EXTRA-CURRICULAR ACTIVITIES

List the name of the activity, a description of the activity and the amount of time per week/month spent participating in the activity (include awards or accolades earned):

5. EXTRA-CURRICULAR ACTIVITIES (OTHER THAN SCHOOL RELATED)

List the name of the activity, a description of the activity and the amount of time per week/month spent participating in the activity (include awards or accolades earned):

6. WORK EXPERIENCE

<u>Employer</u>	<u>Position/Responsibilities</u>	<u>Hours/Week</u>	<u>Dates</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TREA MEMORIAL FOUNDATION SCHOLARSHIP PROGRAM
APPLICANT RELEASE FORM

In consideration of receipt of a TREA Memorial Foundation Scholarship I,

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Certify that I have dependent status as defined on page 1 of this application. My parent or grandparent, who is a TREA member in good standing, or who was a TREA member in good standing at the time of his/her demise

I further certify that I am _____ years of age and do hereby assign and transfer unto the TREA Memorial Foundation Scholarship Committee and/or its representatives, the entire right and title to the enclosed documentation publicity purposes only.

Further, I hereby agree to allow the TREA Memorial Foundation, and/or TREA's Memorial Foundation Scholarship Committee to contact me at a future time regarding my scholastic accomplishments following receipt of any scholarship funds awarded by reason of this application.

Signature of Applicant: _____

SUPPORTING DOCUMENTATION CHECKLIST

The following documentation must accompany the application. Applications that do not contain ALL of the following materials will NOT be considered for a TREA Memorial Foundation Scholarship.

_____ Three hundred (300) word typed essay on the following topic:

"TERM LIMIT OF OFFICE FOR OUR NATIONAL HOUSE OF REPRESENTATIVES AND SENATORS"

The President of the United States has a term limit of two terms, or eight years in office. Do you think that there should be a term limit for our National House of Representatives and Senators? Please give your opinion on why you think there should be a term limit (number of years) or no term limit.

_____ Two (2) letters of recommendation(i.e. instructors, counselors, clergy etc.) these letters must accompany this application, but may be enclosed in a sealed envelope

_____ A copy of your most current official high school or college transcript. If the school will be sending this transcript under separate cover, attach a brief note stating so.

_____ A recent high quality 2" x 3" photograph of yourself (for publicity use only).

_____ The signed publicity release statement

**APPLICATIONS THAT DO NOT CONTAIN ALL SUPPORTING DOCUMENTATION
WILL NOT BE CONSIDERED FOR PROCESSING**

**ALL COMPELETED APPLICATIONS MUST BE RECEIVED POSTMARKED NO
LATER THAN APRIL 30TH, 2017**

CERTIFICATION STATEMENT

I certify that all of the information contained in this application is true and complete to the best of my knowledge.

Signature of Applicant: _____

Signature of Parent/Guardian: _____

Date: _____



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NATIONAL HEADQUARTERS
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Phone: (303) 752-0660 Toll free: (800) 338-9337
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Mark Tabacheck
Chairman

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Vice Chairman

Deb Oelschig
Treasurer

Roger Tackitt
Trustee

Mel Yell
Trustee

Marie Smith
Trustee

Lanny Eller
Trustee

Robert Corson
Parliamentarian

PUBLIC RELATIONS COMMITTEE

TREA 2017/2018 SCHOLARSHIP RECIPIENT:

Please help us publicly acknowledge your recent receipt of a TREA (The Enlisted Association) National Scholarship.

Please assist us to accurately make a statement about you in a newspaper published in your locale by providing the information requested below:

Your Full Name: _____

School Attending: _____

Location: _____

Major: _____

Circle Year – Freshman Sophomore Junior Senior

Local Newspaper: _____

Contact information _____

Please include city, state, zip, phone and email:

Parents' Names: _____

Address: _____

Email: _____

Phone: _____

TREA/TREA Auxiliary Sponsor's Name: _____

Grandparents'/GreatGrandparents' Names:

City and State: _____

You may respond to this request either by email or the U.S. Postal Service.
Again, kudos for your achievement and many thanks for your prompt response

UNITED WE STAND