

FOUNDED 1963

THE ENLISTED ASSOCIATION

http://www.trea.org

12200 E. Briarwood Ave, Suite 250 Centennial, CO 80112 Phone: (303) 752-0660 Toll free: (800) 338-9337 Fax: (303)

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

TREA SCHOLARSHIP

APPLICATION FOR 2019 - 2020 ACADEMIC SCHOOL YEAR

Please print in ink or type. Illegible applications will <u>NOT</u> be considered. Incomplete applications will not be considered.

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

<u>Completed</u> applications must be postmarked no later than <u>April 30, 2019</u>.

1.	PERSONAL INFORMATION						
	Name:						
	Date of Birth:						
	City:			State:	Zip Code:		
	Phone:()	FAX:()	Zip Code: Email:		
2.	<u>ELIGIBI</u>	<u>LITY</u>					
*If mo be cla related Studer	ore than had imed as a d d to you an nt's guide to	lf of your sup lependent. Ti d whose hous o Federal Inc	port for the yed hat person will sehold you are	ar is provide usually be y a member o	ember in good standin lemise. Id by another person, your parent (or someon). In this in the standard of the someon of the some of the someon	ou can generally ne else who is	
TREA	Member's	Name:					
TREA	Member's	Membership	Number:			-	
TREA	Member's	Street Addre	ess:			-	
City_			State/Zip	I	Phone:	_	



3. <u>EDUCA</u>	<u> TIONAL STATUS</u>			
High School/Co	llege: (circle One)			
Address:				
City:		State:	Zip Code:	
	Graduation Date	e:		
What year (Circ this year's subm	ele One - Freshman, Sophon ission?	nore, Junior,	Senior) are you e	entering, based on
I HAVE:				
Applied for ada	mission to n a full time student. (Please	provide proof	, (College/Univ f of acceptance or e	ersity) and have be nrollment.)
	•			
City::		State:	Zip Code:	
5				
5. EXTRA-	CURRICULAR ACTIVITIE	S (OTHER TH	IAN SCHOOL REL	ATED)
	of the activity, a description ticipating in the activity (inc			
6. <i>WORK</i>	EXPERIENCE			
Employer	Position/Responsib	<u>ilities</u>	Hours/Week	<u>Dates</u>
7		-		



TREA SCHOLARSHIP PROGRAM <u>APPLICANT RELEASE FORM</u>

In consideration for the TREA academic Scholarship I,

Name:			
Address:			_
City:	State:	Zip Code:	
Certify that I have dependent status or grandparent, who is a TREA memb good standing at the time of his/her dem	per in good stand		
I further certify that I am years of and/or its representatives, the entire right purposes only.			
Further, I hereby agree to allow my scholastic accomplishments follow reason of this application.			
Signature of Applicant:	¥		



SUPPORTING DOCUMENTATION CHECKLIST

The following documentation must accompany the application. Applications that do not contain <u>ALL</u> of the following materials will <u>NOT</u> be considered for the TREA Scholarship.

	Three hundred (300) word typed essay on the following topic:
	"What are 5 reasons that you are proud to be an American"
	Explain your answer
letters m	Two (2) letters of recommendation(i.e. instructors, counselors, clergy etc.) these sust accompany this application, but may be enclosed in a sealed envelope
be sendir	A copy of your most current official high school or college transcript. If the school will ng this transcript under separate cover, attach a brief note stating so.
	A recent <u>high quality</u> 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, 2019



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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PUBLICITY RELEASE STATEMENT

TREA 2019/2020 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 Sponsor's Name:
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