



## 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 2018- 2019 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, 2018. Completed applications cannot be received at TREA Memorial Foundation Headquarters before January 5, 2018.

#### 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 or 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 is/was 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:

**"How do you feel about the removal of historical monuments and statues."**

Explain your answer

\_\_\_\_\_ 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, 2018**

**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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Butch Liebaert  
*Chairman*

Lanny Eller  
*Vice Chairman*

Deb Oelschig  
*Treasurer*

Paul Ott  
*Trustee*

Marie Smith  
*Trustee*

Doug Kasel  
*Trustee*

William Neurauter  
*Trustee*

Charlie Flowers  
*Parliamentarian*

### PUBLIC RELATIONS COMMITTEE

TREA 2018/2019 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: \_\_\_\_\_

Grandparents' 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**