



GDMF SCHOLARSHIP APPLICATION

GLEN DOHERTY MEMORIAL FOUNDATION

P.O. BOX 716 Marblehead, MA 01945 • www.glendohertyfoundation.org • info@glendohertyfoundation.org

OUR MISSION: *To ease the transition from military life and work to that of a civilian by helping fund educational costs for Special Operation individuals and their children. We do this knowing Glen's spirit will continue to touch us all.*

I hereby certify that:

- I will maintain a part-time to full-time academic schedule in each year of the Scholarship at an accredited university, college trade or vocational school.
- I am a U.S. citizen or legal resident of the United States of America.
- I am a current or former Special Operations Professional _____ or I am a spouse or dependent _____ of a current or former Special Operations Professional.

APPLICANT CONTACT INFORMATION (PERMANENT ADDRESS)

Prefix: _____

First Name: _____

Middle Name: _____

Last Name: _____

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

ADDITIONAL INFORMATION

Date of Birth: _____

Gender: (M) _____ (F) _____ Marital Status: _____

Referral Source - Name of the person, organization, or source that referred you us: _____

EDUCATION

Previous Educational History: _____

Enter any degrees or certification, name(s) of educational institution, and date/s completed, beginning with most recent:

FINANCIAL NEED

Cost to Attend: _____

Explain the breakdown of total cost of attendance. (Tuition, housing, transportation, books, labs etc.) List of Scholarships and Grants awarded:

Request Amount Per Year: _____

Please state the amount that is required to fill the gap in your education cost, government grants or other scholarships:

How long will it take you to complete your education? _____

(MONTHS) _____ (YEARS) _____

MILITARY SERVICE RELATIONSHIP

(Required if applicant is a spouse or dependent of a Special Operations Professional)

Prefix: _____ First Name of Special Op Professional: _____

Middle Name of Special Op Professional: _____

Last Name of Special Op Professional: _____

Applicants Relationship to Special Operations Professional: (e.g. Self, Spouse, Son/ Daughter, Step Son/ Daughter):

MILITARY SERVICE RELATIONSHIP *(Continued)*

E-mail of Special Ops professional: _____

Home / Cell phone of Special Ops professional: _____

MILITARY SERVICE INFORMATION OF SPECIAL OPERATIONS PROFESSIONAL

Dates of Service: _____

Branches of Service: _____

Description of Service: _____

ADDRESS OF EDUCATIONAL INSTITUTION (FINANCIAL AID OFFICE)

Name of educational institution you will attend: _____

Vocational School? (YES) _____ (NO) _____

What degree or certificate are you currently working to achieve? _____

Address of Institution (Financial Aid office if available): _____

City: _____ State: _____ Zip: _____

Phone Number (Financial Aid Office): _____

Email (Financial Aid / Other Contact): _____

PERSONAL STATEMENT *(Required)*

Please tell us about yourself and what brings you to the Glen Doherty Memorial Scholarship. Limit your statement to 500 words or less and attach with application as word doc or PDF).

VIDEO STATEMENT *(Recommended but Not Required)*

Applicants are encouraged to submit a three (3) minute video clip in which he/she expresses his or her attributes and goals. Share your story and why the scholarship is important to you. Ensure your YouTube Video is uploaded as an “unlisted video” -- and send us the link. How to here: <http://www.google.com/support/youtube/bin/answer.py?answer=157177>

CERTIFICATION

All of the information that I have provided in this application and in the required documentation is accurate and complete to the best of my knowledge. I understand and acknowledge that providing false or misleading information in any aspect of this application or any required documentation may lead to the rescinding of any award that I may have received. I authorize the Glen Doherty Memorial Foundation to verify any of the information contained herein including after the awarding of any scholarship. My electronic signature below indicates my acceptance to the terms, criteria, requirements, and conditions of the Scholarship and indicates my intent to apply and comply with said terms, criteria, requirements, and conditions of the Scholarship.

Applicant Signature: _____

Date of Signature: _____

ATTACHMENTS

Each Applicant is required to submit:

- This application with all required fields completed including a personal statement.
- Proof of admission and acceptance to a college/university/trade or technical school (upload signed acceptance letter or class schedule).
- Birth Certificate, Certificate of Naturalization, or proof of legal residency.
- Two (2) letters of recommendation are required. The letter of recommendation may come from either a military professional, teacher, college advisor, or a mentor associated with the Applicant's military, work or volunteer experiences. Letters from parents or family members will not be considered. The letters should detail the applicant's background, achievements, leadership abilities and community involvement. Letters should contain personalized information about the Applicant.
- Complete Application Packages should be emailed directly to the Foundation - scholarships@glendohertyfoundation.org
- **DEADLINE:** All applications due on/ before June 15th. Applicants will be notified on status by August 1st.

Thank you,

The Glen Doherty Memorial Foundation Board of Directors + Scholarship Committee