



SOCIETY OF AMERICAN MILITARY ENGINEERS

EMERALD COAST POST
OKALOOSA | SANTA ROSA | WALTON

2024

COLLEGE SCHOLARSHIP ELIGIBILITY CHECKLIST

The Society of American Military Engineers (SAME) - Emerald Coast Post (ECP) is pleased to offer one \$1,500 college scholarships to students qualifying in engineering, architecture or other STEM degree programs. STEM programs can include Biological, Physical, & Mathematical Sciences, Computer & Informational Sciences, Geosciences and Technology areas associated with the proceeding disciplines.

Since 2008, SAME-ECP has issued over \$165,000 in scholarships to deserving students on the Emerald Coast. This year, our organization will present \$9,000 in college scholarships to current high school and college students to further their education in engineering, architecture and STEM disciplines.

REQUIREMENTS

1. Currently enrolled in an accredited undergraduate school of engineering, architecture or other STEM focus program as a full-time student
2. You or your parents must be Florida residents of one of the following counties: Okaloosa, Santa Rosa, or Walton
3. Demonstrate academic excellence with a cumulative GPA of 3.0 or greater
4. Submit completed application package to include:
 - SAME-ECP scholarship application
 - Essay on your collegiate progress and career goals: 500 words or less, typed, double-spaced
 - Letter of recommendation from faculty member
 - Letter of recommendation from employer, advisor, or personal reference
 - Copy of most current transcript showing GPA

SAME - ECP SPONSORSHIP

Is your application sponsored by a SAME - Emerald Coast Post Member ? *
(i.e., individual member paying dues or employee of a Sustaining member of the Emerald Coast Post)

Please provide name, employer, and phone number of sponsoring individual below:

Name of Sponsor: _____

Sponsor's Employer: _____

Sponsor's Phone No: _____

Sponsor shall provide a brief letter of recommendation as part of the sponsorship.

*SPONSORSHIP IS NOT REQUIRED TO APPLY. HOWEVER, SPONSORED APPLICANTS WILL BE GIVEN SOME PREFERENCE.

Any questions may be directed to Mrs. Elizabeth Queen: elizabethmqueen2@gmail.com

SEND COMPLETED PACKAGE TO:

Mrs. Elizabeth Queen
801 Playground Rd
Fort Walton Beach, FL 32547

or via email at
emeraldcoastsame@gmail.com

MUST BE POSTMARKED NO LATER THAN 6 APRIL 2024



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COLLEGE SCHOLARSHIP APPLICATION
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PERSONAL DATA		
LAST NAME	FIRST	MI
MAILING ADDRESS		
CITY	STATE	ZIP
HOME PHONE	WORK	
EMAIL ADDRESS		

EDUCATION			
HIGH SCHOOL			GRADUATION YEAR
GED	DATE	STATE	NUMBER
COLLEGE(S) PREVIOUSLY ATTENDED (IF ANY)			
1.	STATE	DATES	
2.	STATE	DATES	
WHAT IS YOUR CUMULATIVE (UNWEIGHTED) GRADE POINT AVERAGE? _____			
SAT SCORE(S): COMP _____ MATH _____			
ACT SCORE(S): ENGLISH _____ MATH _____ READING _____ SCIENCE _____			
WHAT COLLEGE ARE YOU ATTENDING?			
WHAT PROGRAM OF STUDY ARE YOU PURSUING OR PLAN TO PURSUE?			
WHAT DEGREE ARE YOU PURSUING OR PLAN TO PURSUE?			
WHAT IS YOUR DATE OF EXPECTED GRADUATION?			

SUPERLATIVES
<p>VOLUNTEER WORK, LEADERSHIP POSITIONS, EXTRACURRICULAR ACTIVITIES, HONORS, OR AWARDS WITHIN THE LAST TWO YEARS (LIST THE YEAR). LIMIT ITEMS TO 10 BULLETS MAXIMUM (ONLY FIRST 10 BULLETS WILL BE REVIEWED). FOCUS NOT ON QUANTITY, BUT ON IMPACT.</p> <ul style="list-style-type: none"> • • • • • • • • • •



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APPLICANT NAME _____

ENCLOSURE
To be included as part of this application package:
<input type="checkbox"/> COMPLETED SAME - EMERALD COAST POST SCHOLARSHIP APPLICATION
<input type="checkbox"/> ESSAY ON YOUR COLLEGIATE PROGRESS AND CAREER GOALS: 500 WORDS OR LESS, TYPED, DOUBLE-SPACED
<input type="checkbox"/> LETTER OF RECOMMENDATION FROM FACULTY MEMBER
<input type="checkbox"/> LETTER OF RECOMMENDATION FROM EMPLOYER, ADVISOR, OR PERSONAL REFERENCE
<input type="checkbox"/> COPY OF MOST CURRENT TRANSCRIPT SHOWING GPA

I hereby declare that I meet all minimal eligibility requirements to be considered for this scholarship. The information provided on this scholarship application is complete and accurate to the best of my knowledge. I further certify that, if awarded, I will use any money received under this scholarship only for expenses related to my college education.

I hereby authorize and request the release of academic information to scholarship review committee members. I understand that this information will be used for the purposes of determining eligibility for the stated scholarship.

APPLICANT SIGNATURE	DATE
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ENDORSEMENT:

I have reviewed this application package and certify that the information contained is true to the best of my knowledge. The applicant is a student in good standing and of good character.

ACADEMIC ADVISOR / ADMINISTRATOR	
NAME	
TITLE	PHONE
EMAIL ADDRESS	
ACADEMIC ADVISOR / ADMINISTRATOR SIGNATURE	DATE