SOCIETY OF AMERICAN MILITARY ENGINEERS



EMERALD COAST POST OKALOOSA | SANTA ROSA | WALTON

2024

VOCATIONAL SCHOOL SCHOLARSHIP ELIGIBILITY CHECKLIST

The Society of American Military Engineers (SAME) - Emerald Coast Post (ECP) is pleased to offer one \$1,500 scholarships to outstanding individuals pursuing a career path in a technical program at a vocational/trade school.

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 scholarships, with two of the scholarships going to any individual studying a construction craft/trade program in order to pursue a career in the construction industry.

REQUIREMENTS

- 1. Any individual enrolled/enrolling in the fall of 2024 at a vocational/trade school to study a STEM craft/trade.
- 2. You or your parents must be Florida residents of one of the following counties: Okaloosa, Santa Rosa, or Walton
- 3. Submit completed application package to include:
 - SAME-ECP scholarship application
 - Short paragraph on your career goals and why you are the best applicant
 - Letter of recommendation from math or science faculty member, or advisor (if in school)
 - Letter of recommendation from employer (if not in school)
 - Copy of most current transcript showing GPA (if currently in school)

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 <u>NOT</u> 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



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VOCATIONAL SCHOOL SCHOLARSHIP APPLICATION OKALOOSA | SANTA ROSA | WALTON

PERSONAL DATA					
LAST NAME		FIRST		MI	
Mailing Address					
CITY		STATE		ZIP	
HOME PHONE		Work			
EMAIL ADDRESS					
EDUCATION					
HIGH SCHOOL		T	GRADUATION	YEAR	
GED	DATE	STATE	Number		
COLLEGE(S) PREVIOUSLY A	TTENDED (IF ANY)	T			
1.		STATE	DATES		
2.		STATE	DATES		
WHAT IS YOUR CUMULATIVE (UNWEIGHTED) GRADE POINT AVERAGE? (IF IN SCHOOL)					
WHAT VOCATIONAL SCHOOL	. WILL YOU BE ATTENDING?				
WHAT TRADE/CRAFT ARE	YOU PLANNING TO PURSUE?				
WHAT LICENSE/CERTIFICATIONS ARE YOU PURSUING OR PLAN TO PURSUE?					
SUPERLATIVES					
VOLUNTEER WORK, LEADERSHI YEAR). LIMIT ITEMS TO 10 BULL	P POSITIONS, EXTRACURRICULAR A	CTIVITIES, HONORS, OR AWARDS ETS WILL BE REVIEWED). FOCUS	WITHIN THE LAST NOT ON QUANTITY	T TWO YEARS (LIST THE ', BUT ON IMPACT.	
YEAR). LIMIT ITEMS TO 10 BULLETS MAXIMUM (ONLY FIRST 10 BULLETS WILL BE REVIEWED). FOCUS NOT ON QUANTITY, BUT ON IMPACT.					
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APPLICANT NAME					
ENCLOSURE					
To be included as part of this application package:					
☐ COMPLETED SAME - EMERALD COAST POST SCHOLARSHIP APPLICATION					
□ SHORT PARAGRAPH ON YOUR CAREER GOALS AND WHY YOU ARE THE BEST APPLICANT					
☐ LETTER OF RECOMMENDATION FROM MATH OR SCIENCE FACULTY MEMBER, OR ADVISOR (IF IN SCHOOL)					
☐ LETTER OF RECOMMENDATION FROM EMPLOYER (IF NOT IN SCHOOL)					
$\ \square$ COPY OF MOST CURRENT TRANSCRIPTS SHOWING GPA (IF IN SCH	☐ COPY OF MOST CURRENT TRANSCRIPTS SHOWING GPA (IF IN SCHOOL)				
I hereby declare that I meet all minimal eligibility requirements to be on this scholarship application is complete and accurate to the will use any money received under this scholarship only for experimental I hereby authorize and request the release of academic information that this information will be used for the purposes of determining eligibility.	best of my knowledge. I function crises related to my vocation to scholarship review com	urther certify that, if awarded, I nal school education. nmittee members. I understand			
Applicant Signature		DATE			
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 / EMPLOYER					
Name					
TITLE	Phone				
EMAIL ADDRESS					
ACADEMIC ADVISOR / ADMINISTRATOR / EMPLOYER SIGNATURE		DATE			