



# SEAWOLF ASSOCIATION

## APPLICATION FOR EDUCATIONAL ASSISTANCE GRANT

Please submit this form to the Educational Assistance Board along with the required essay on this year's topic. The completed package must be postmarked by April 15th of each year to be eligible for participation in the competition for that school year.

### APPLICANTS MUST COMPLETE ALL ITEMS THAT APPLY

1. Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone-Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_
2. Have you applied for other scholarships or financial aid? \_\_\_\_\_
3. Are you currently receiving any tuition aid? \_\_\_\_\_. If "YES", indicate the source, amount, and term. \_\_\_\_\_  
\_\_\_\_\_
4. What is your current, declared or planned major/course of study or degree?  
\_\_\_\_ Undergraduate  
\_\_\_\_ Extended Education or Paraprofessional (Indicate field of study) \_\_\_\_\_  
\_\_\_\_\_
5. Date you enrolled (or expect to enroll) in college: \_\_\_\_\_
6. Expected graduation or course completion date: \_\_\_\_\_
7. Are you or will you receive from any source (other than family) benefits other than tuition aid (i.e., VA benefits, Social Security benefits, etc.) \_\_\_\_\_. If yes, please indicate the source and amount. \_\_\_\_\_  
\_\_\_\_\_
8. Have you attended any other college, university or trade school beyond high school? (Yes/No) \_\_\_\_\_. If "Yes", please list names, dates and courses of study and indicate any financial aid received.  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you currently gainfully employed? \_\_\_\_\_  
 Full-time or part-time? \_\_\_\_\_
10. If the answer to no. 9 is "Yes", give name, address and telephone number of the employer. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HA(L)-3 CONNECTION**

I hereby certify that my \_\_\_\_\_, \_\_\_\_\_,  
(Relationship) (Name & Social Security Number)

Served with HA(L)-3, \_\_\_\_\_, RVN from \_\_\_\_\_ to \_\_\_\_\_.  
(Det/Area)

**OR**

I hereby certify that my \_\_\_\_\_, \_\_\_\_\_,  
(Relationship) (Name & Social Security Number)

Supported HA(L)-3, \_\_\_\_\_, RVN from \_\_\_\_\_ to \_\_\_\_\_.  
(Det/Area)

I hereby certify that, to the best of my knowledge and belief, all of the information provided herein is complete and accurate. I further understand that the Educational Assistance Board requires, among other things, that I demonstrate satisfactory academic progress to be eligible to continue receiving funds from the SEAWOLF ASSOCIATION. I further certify that I do not owe a refund on any grant or scholarship, previously awarded to me, for any reason, and that I am not currently in default on any loan and have not borrowed in excess of the loan limits, under the Title IV programs, at any institution.

I certify that any moneys received from the SEAWOLF ASSOCIATION shall be used only for expenses related to my schooling and ancillary costs directly related thereto.

\_\_\_\_\_  
(Signature of Student Applicant)  
 \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)  
 \_\_\_\_\_  
(Date)