Gamma Eta Alpha Military Sorority, Inc.

S.T.E.A.M Scholarship Application 2025

Date of Application: Please **type** or **print** your answers. If the application is illegible, it will be returned to you. 1. Last Name: First Name: 2. Mailing Address: City: Daytime Telephone Number: (3. Date of Birth: Month 4. Day Year Are you related to any of the Gamma Eta Alpha Military Sorority, Inc. members? (Please circle) Yes 5. Current High School or Current College/University: Number of years 6. attended: 7. I will be attending the following school in the Fall of 2025: Proof of acceptance or current student enrollment from the above school is required before funds are released to the college or university. I will be entering the above-mentioned school as a: (Circle one) 8. Freshman Sophomore Junior Senior Grade Point Average (GPA): (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript is required. 10. Have you taken the ACT exam? No If no, when do you plan to take the exam: Yes SAT exam? Yes No If no, when do you plan to take the exam: Name & address of parent(s) or legal guardian(s): Use the reverse side of the application if you need more 11. space. Name (s) State: Street: City: ZIP: Home phone of parents or legal guardians: Parent's Branch of Service: (DD 214 or Statement of Service Required) 12. Date of service: 13. Name and city of other high schools attended: Number of years attended: List the name of any college you have attended. Type of Degree 13. Year Year Year Start Graduated Received End (If applicable) (If applicable) Α. B.

C.

14.	Wha	t specialty/major do you plan t	o major in as you contin	ue your education?		
15.	List expenses you expect to incur per semester or quarter: (Approximate figures acceptable)					
	A.	Tuition: Amount:	\$			
	B.	Books: Amount:				
	C.	Room & Board: Amount:	•			
	D.	Other expenses: Amount:		Describe below under the comments		
Com	ments): 	2 AND	372		
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			100			
16.	List	other financial assistance your scholarship eligibility.)	will receive per semeste	r or quarter: (Other financial assistance will not affect		
	A.	Personal:	Amount: \$			
	B.	Other Scholarship(s):	Amount: \$	List below under comments		
	C.	Grants:	Amount: \$	List below under comments		
	C.	Student Loan(s):	Amount: \$	List below under comments		
	D.	Other Financial Resources:	Amount: \$	List below under comments		
Com	ments	: (1) 20		21		
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		1944		All the		
se an	additio	onal sheet if you need more roor	n to list the financial info	rmation requested in items 14 & 15.		
17.	Lis	t your academic honors, award	s, and membership activ	ities while in high school:		
			23			
			cise n gii			
			Γίνε η αλλ	1711		
18.	List	your community service activi	ties, hobbies, outside int	erests, and extracurricular activities:		
18.	List	your community service activi	ties, hobbies, outside int	erests, and extracurricular activities:		

19.		Personal Essay			
	Please answer the following question: What are your educational and professional goals and objectives? How will this scholarship help you attain your educational and professional goals? This question must be at least 1-2 pages, typed, double-spaced, and 12 pt./Times New Roman font. Please ensureyour essay contains no grammatical errors.				
	Clisuic	your cs	say contains no grammatical criois.		
20.	A. The following items must be attached to this application for the application to qualify to be reviewed by the scholarship committee. B. Your application will not be considered if these items are not attached to this application. (No exceptions.) C. Circle "YES" or "NO" to be sure you have attached each item as required.				
	YES	NO	Completed application. All questions are answered completely.		
	YES	NO	Letter to Scholarship Committee. Not exceeding one (1) page. Must be typed.		
	YES	NO	Two (2) Letters of Recommendation.		
	YES	NO	Proof of college acceptance or current student enrollment. A <u>copy</u> of your college acceptance letter is required for receipt of funds.		
	YES	NO	Most recent official high school transcripts. Photocopies of your transcript are acceptable if The transcript is signed by a guidance counselor or principal.		
	YES	NO	Personal Essay. Must be at least 1-2 pages, typed, double-spaced, and 12 pt. Times New Roman font. Please ensure your essay contains no grammatical errors.		
	YES	NO	Community service hours. Must be documented in the form of a letter on official letterhead from the agency where the applicant completed their community service hours.		
knowle	edge. I	also co	STATEMENT OF ACCURACY t all the above-stated information provided by me is true and correct to the best of my onsent that my picture may be taken and used for any purpose deemed necessary to promote Military Sorority, Inc. scholarship program.		
Inc. S.	T.E.A.	M. Scl	that if chosen as a scholarship recipient, according to Gamma Eta Alpha Military Sorority, holarship policy, I must provide evidence of enrollment/registration at the post-secondary pice before scholarship funds can be awarded.		
Signat	ure of s	cholar	ship applicant:Date:		
Signat	ure of a	pplica	nt's guardian/ parent: Date:		

