



WOMEN IN DEFENSE HORIZONS SCHOLARSHIP APPLICATION

2101 Wilson Boulevard, Suite 700, Arlington, VA 22201-3060 • (703) 522-1820 • (703) 522-1885 Fax • WomenInDefense.net

Application must be completed in full. Do not include extra items such as copies of awards, certificates or photographs. Only students meeting the following eligibility requirements will be considered.

ELIGIBILITY REQUIREMENTS:

1. Be a female currently enrolled at an accredited university or college, either full-time or part-time
2. Undergraduate and graduate students are eligible; undergraduates must have attained at least junior level status (60 credits)
3. Demonstrate interest in pursuing a career related to national security or defense
4. Demonstrate financial need
5. Have a minimum grade point average of 3.25
6. Be a citizen of the United States

Recipients will be notified directly and then posted on the Women In Defense website in early August. APPLICATION DEADLINE: March 15

PERSONAL INFORMATION

Name <small>Prefix, First, MI, Last, Suffix</small>		Street Address		
City	State	Zip	Phone	E-mail
How did you hear about the HORIZONS Scholarship Program?				
Are you a Women In Defense Member? Yes; Membership ID: _____ No				

EDUCATION

Current University/College	Student ID #	Check enrollment status: Full-time Part-time	
Are you a citizen of the United States? Yes No	Level: Graduate Senior (Under Grad) Junior (Under Grad)	Credit Hours Completed	
Overall GPA	Major	Minor <small>If Applicable</small>	

AWARDS & HONORS Do not include copies of certificates contact

ACTIVITIES Extracurricular, professional and community activities related to national security and defense during the last 12 months.

EMPLOYMENT List last three employers. Do not submit a resume in lieu of the following list.

1) Employer	Position	Dates
2) Employer	Position	Dates
3) Employer	Position	Dates

Name
Prefix, First, MI, Last, Suffix

ESSAY — DEMONSTRATION OF INTEREST IN A NATIONAL SECURITY OR DEFENSE CAREER

Attach responses to the three following questions using no more than 500 words total. Typed, single spaced.

1. Statement of interest: Describe your interest in pursuing a career in national security or defense. Include a description of your long-term goals as they relate to that career.
2. Statement of prior accomplishments: Describe what you believe have been the principal accomplishments in your life that relate to your professional goals, including academic, professional, or community activities.
3. Proposed program/course emphasis: Describe the objectives of your educational program and list your course of study for the semester, relating them back to your national security or defense career plans.

DEMONSTRATION OF FINANCIAL NEED Failure to disclose this information will result in disqualification.

List all financial assistance (scholarships, fee/tuition waivers, grants, loans, etc.) you will receive in the 2019-2020 (fall/spring) academic term.

Source	Amount	Source	Amount
Source	Amount	Total Assistance	

List expenses for the 2019-2020 (fall/spring) academic term.

Tuition	Books	Fees	Room/Board	Total Expenses	Total Needed <small>(subtract the total of assistance received from total expenses)</small>
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SCHOOL FINANCIAL AID CONTACT This should be the person who manages scholarship funds.

Name <small>Prefix, First, MI, Last, Suffix</small>	Position		
Street Address	City	State	Zip
E-mail	Phone		

DEMONSTRATION OF ACADEMIC ABILITY

Provide official academic transcripts from all post-secondary schools attended. Do not attach unofficial transcripts. Official transcripts can be mailed directly to Women In Defense from the college/university.

LETTERS OF RECOMMENDATION

Provide two letters of recommendation from individuals who are familiar with your accomplishments and career goals. At least one must be from a faculty member at your current college/university. List below the names of the individuals you have asked to submit recommendations of your work or accomplishments. Letters can be included in your packet or mailed separately by recommenders.

Name <small>Prefix, First, MI, Last, Suffix</small>	Position		
Street Address	City	State	Zip
E-mail	Phone		

Name <small>Prefix, First, MI, Last, Suffix</small>	Position		
Street Address	City	State	Zip
E-mail	Phone		

SUBMISSION

I hereby certify that I am a United States citizen (provide copy of birth certificate or first page of passport) and that all of the information contained in my application and supporting materials is accurate.

Signature*	Date
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