



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.

Only applicants selected to receive a scholarship will be notified of the results. Recipients will be posted on the Women In Defense website in early August. APPLICATION DEADLINE: June 1

PERSONAL INFORMATION

Name: First _____ MI _____ Last _____

Street Address _____
(Include your Suite, PO Box, Mail Stop, Building, etc.)

City _____ State _____ Zip _____

E-Mail _____ Phone _____

How did you hear about the HORIZONS Scholarship Program? _____

Are you a Women In Defense Member? Yes; Membership ID: _____ No

EDUCATION

University/College: _____

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: _____
If Applicable

AWARDS & HONORS Do not include copies of certificates

ACTIVITIES Extracurricular, professional & 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.

Employer	Position	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Name: _____
First Middle Last

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 fall academic term.

Source: _____ Amount: \$ _____
Source: _____ Amount: \$ _____
Source: _____ Amount: \$ _____
Total Assistance: \$ _____

List expenses for the fall academic term.

Tuition \$ _____
Books \$ _____
Fees \$ _____
Total Expenses \$ _____

TOTAL NEED \$ _____
(subtract the total of assistance received from total expenses)

SCHOOL FINANCIAL AID OFFICER

Name: _____ Position _____
Address _____
(Include your Suite, PO Box, Mail Stop, Building, etc.)
City _____ State _____ Zip _____
E-Mail _____ Phone _____

DEMONSTRATION OF ACADEMIC ABILITY

Provide official academic transcripts from all post-secondary schools attended.

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.

1. Name: _____ Position _____
Address _____
City _____ State _____ Zip _____
E-Mail _____ Phone _____
2. Name: _____ Position _____
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: _____