



Dear Applicant:

Thank you for your interest in the Walter Beall Scholarship Program. The information requested is enclosed. Please review each item very carefully.

The Walter Beall Scholarship awards eligible students who aspire to further their education in Aeronautical Engineering or Aviation oriented degrees. Applicants are evaluated on their grade point average, scholastic aptitude test scores, curriculum goals, interests, community activities and awards. The student's financial need, based on income and education expenses is also considered.

In order to apply, applicants must be spouses, sons or grandsons, daughters or granddaughters of active duty, reserve, or retired military personnel of the Navy, Marine Corps or Coast Guard *who are members in good standing of the Fleet Reserve Association for a period of two consecutive years prior to the receipt of the award or were members in good standing for two consecutive years prior to the time of their death.*

To receive the Walter Beall Scholarship Award, applicants must be enrolled at an accredited college/university or technical institution in the United States and must remain a student in good standing. Since the Walter Beall Scholarships are awarded on merit as well as financial need, recipients of previous awards may apply. *Students in a reserve officer candidate program receiving aid are not eligible.*

The application must be submitted in its entirety in order to apply. Official copies of high school and college transcripts, two character references from non-family members, *a photocopy of the sponsor's Fleet Reserve Association affiliation* and a letter from the applicant stating educational and career goals must be attached to the application form. (Note, transcripts may be provided by the school/institution if unavailable.)

Mail the completed application to the Walter Beall Scholarship, 4911 Fennell Court, Suffolk, Virginia 23435, postmarked no later than 15 April. (Note, we do not notify applicants that their application has been received or that they have been submitted correctly.) If you desire this information, then enclose a self-addressed post card that states, "Application has been received." we will date it and send it back to you.

W. Ralph Holcombe Secretary/Treasurer



Application for the Walter Beall Scholarship



Sponsored by
The Past Regional Presidents
Fleet Reserve Association

Please Answer Questions Accurately and in Detail

Legal Name: _____
Last First Middle (complete) Suffix Sex

Permanent Home Address: _____
Number and Street

City/Town State Zip

If Different from Above, Please Give your Mailing Address

Mailing Address: _____
Number and Street

City/Town State Zip

Telephone at Mailing Address: ____/____/____ Permanent Home Telephone: ____/____/____

Birth Date: ____/____/____ Birthplace: _____ City and State or Country Citizen: _____ (of what Country)

Entering Freshman: Continuing Undergraduate: Graduate Student:

Please List all the Secondary Schools and Colleges you have attended or are attending:

Institution (List Most Recent First)	City, State, and Zip Code	Dates of Attendance (Month & Year)		Date or Expected Date of Degree	Full Time	Part Time
		From	To			

Possible Areas of Academic Concentration/Major: _____ or undecided:

Special College or Division if Applicable: _____

Possible Career or Professional Plans: _____ or undecided:

Send Applications to: Walter Beall Scholarship, 4911 Fennell Court, Suffolk, VA 23435
Applications Must be Postmarked No Later Than 15 April
Winners Announced by 1 July

Applicant Information

1. Applicant Name:			
2. Permanent Address:			
3. Home Phone Number:	4. School Phone Number:	5. Sex:	6. Applicant's Marital Status
7. Social Security Number:	8. Date of Birth:	9. Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Other	10. Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American <input type="checkbox"/> Other
11. Military Service: <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired	12. Veterans Status: Date of Discharge: Receiving Benefits: GI Bill:		13. Dependent: <input type="checkbox"/> Child <input type="checkbox"/> Spouse

Sponsor Information

1. Name of Sponsor:				
2. Address of Sponsor:				
3. Last Rank, Rate, or Grade Held:	4. Service Number:	5. Social Security Number:		
6. Officer or Enlisted:	7. Date of Discharge/Retirement			
8. If Deceased, Give Date and Place of Death:				
9. Relationship of Sponsor to Applicant:				
<p>10. You are eligible for the Scholarship Program only if your sponsor possesses military service (as defined in B.) Information regarding the sponsor must accurately reflect current status or, if retired or deceased, the status at the retirement or death. (Circle the applicable category.)</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>A. Sponsor</p> <p>L = Living D = Deceased</p> <p>B. Military Service Affiliation or Civilian Qualification of Sponsor</p> <p>N = Navy M = Marine Corps G = Coast Guard</p> <p>C. Military Affiliation of Sponsor</p> <p>R = Regular S = Reserve (Active Duty) I = Reserve (Inactive)</p> </td> <td style="width: 50%; vertical-align: top;"> <p>D. Military Status of Sponsor</p> <p>A = Active Duty B = Inactive Duty C = Retired/Deceased</p> <p>Member of the Fleet Reserve Association?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Branch (#____) <input type="checkbox"/> MAL</p> <p>Date of Membership: _____</p> </td> </tr> </table>			<p>A. Sponsor</p> <p>L = Living D = Deceased</p> <p>B. Military Service Affiliation or Civilian Qualification of Sponsor</p> <p>N = Navy M = Marine Corps G = Coast Guard</p> <p>C. Military Affiliation of Sponsor</p> <p>R = Regular S = Reserve (Active Duty) I = Reserve (Inactive)</p>	<p>D. Military Status of Sponsor</p> <p>A = Active Duty B = Inactive Duty C = Retired/Deceased</p> <p>Member of the Fleet Reserve Association?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Branch (#____) <input type="checkbox"/> MAL</p> <p>Date of Membership: _____</p>
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Financial Information

1. Name of Head of Family:	
2. Occupation, if other than Military Service:	
3. Social Security Number:	4. Relation to Applicant:
5. Address if Different from Sponsor:	
6. Gross Family Income Earned Last Year (All Sources):	7. Net Family Income Last Year:
8. Anticipated Gross Family Income Earned this Year (All Sources):	9. Income Earned from Investments:
10. Savings:	11. Other:
12. Value of Real Estate Holdings:	
13. Outstanding Debts, Including Mortgages:	
14. Number of Dependents:	15. Number of Children in College:
16. List Amount of Tuition, Room and Board, and Other Fees for Each College Student:	

Applicant's Financial Statement

1. Aid from Parent or Guardian (Annual Total): \$			
Educational Resources Rec'd/ Awarded for Next Year	Veterans Benefits \$	Social Security \$	Applicant's Savings & Income \$
Other \$	Loan \$ Source	Scholarship \$ Source	Grants \$ Source
2. Total of all Funds Available for Education During the Year for Which Application for Scholarship is Made:			
3. Additional Comments: The Applicant or Parent May Comment Briefing on Any Specific Financial Circumstances Which they Desire to Bring to the Attention of the Scholarship Sponsor:			
4. I certify the Above Information is Correct to the Best of My Knowledge.			
_____			Date
Applicant's Signature			Date
Signature of Parent or Guardian (Either Parent May Sign)			Date

Student Budget

This budget is important and needs to include all estimated income and expenses. In completing the budget, indicate period covered (if for other than the nine-month school year):

Fall Quarter Winter Quarter Spring Quarter Twelve Months Beginning _____

	Income	Amount	Expenses	Professional Student	General Student
Expected Summer Earnings		\$	Tuition and Fees	\$	
Expected Net Earnings During School Year			Books and Supplies (Estimated)		
Parental Support			Room and Board (Dormitory) or Living Expense		
Scholarships, Grants, Etc.			Personal (Clothing, Medical, Insurance, Recreation, Etc.)		
Loans			Other Expenses		
GI Bill Benefits			Total Expenses		
Social Security Benefits (Payable to You)			Less Total Income		
Net Income of Spouse			Amount Needed		
Other Income (Specify)					
Total Income					

We certify that all information given is true and complete to the best of our knowledge.

Signature of Applicant

Signature of Parent, Guardian, or Spouse

Date Signed

Note: In addition to this form, all applications must attach official copies of high school and college transcripts, two character references from non-family members, a photocopy of the sponsor's FRA affiliation, and a letter stating educational and career goals.

Additional Information

1. FRA/LA FRA Sponsor's Name:

2. FRA/LA FRA Membership Number:

3. Branch/Unit Number:

Extracurricular Activities and Awards (Both School and Community)

Educational Information

1. Name and Complete Address of High School(s) Attending or Graduated:

2. Dates of Attendance

3. Graduation Date:

4. Name and Complete Address of College(s) Attended:

5. Dates of Attendance

6. Graduation Date:

7. Name and Complete Address of College to Which Applied:

8. Accepted: (Yes or No)

9. What Influenced Your Choice of College(s)?

Work Experience

1. Name of Employer:

2. Dates of Employment:

3. Description of Job:

Type or print neatly in black ink on a separate sheet of paper your career objectives, the reasons you chose these objectives, and how you feel furthering your education will help you accomplish these objectives.



The Walter Beall Scholarship



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The Past Regional Presidents
Fleet Reserve Association

Letter of Recommendation

Name of Applicant: _____

Your Relationship to Applicant: _____

The student named above is applying for the Walter Beall Scholarship. Please evaluate the candidate assessing personal and academic qualities, character, maturity, independence, values, special areas of enthusiasm, promise, and originality. This is to be returned with the candidate's application.

Thank you for your time and effort on the applicant's behalf.

W. Ralph Holcombe
Secretary/Treasurer
Walter Beall Scholarship
4911 Fennell Court
Suffolk, VA 23435
804-484-7403

Please Print

Name: _____

Position: _____

Address: _____

School/University/Company: _____

High School and College Transcript Request

Applicants Detach This Page and Submit to Your School or College Counselor or Official

Privacy Act Statement

Purpose of this request is to obtain information about the applicant. The information will be used by the scholarship sponsoring organization to evaluate applicant's academic achievement and character. Applicant must authorize release of transcript data.

The high school/college named below has my permission to release my official transcript to the scholarship sponsor indicated below:

(Signature of Student)

Mail to: _____

W. Ralph Holcombe
Secretary/Treasurer
Walter Beall Scholarship
4911 Fennell Court
Suffolk, VA 23435

Instructions for high school/college officials

Academic officials are requested to complete this form. Please attach a copy of the student's official transcript, including grades achieved, SAT or ACT scores.

Provide the following information even if given on transcript. Please use the 4.0 grading scale.

Student's Name (Last, First, Middle)	
Student's Address	
Name and Address of High School/College	
Student's Dates of Attendance	
Cumulative High School GPA (4.0 Scale)	Cumulative College GPA (4.0 Scale)
SAT/Verbal	SAT/Math
ACT Composite	
High School Class Size	High School Rank
Remarks by counselors or teachers that may be beneficial to the Scholarship Sponsor (use additional sheets of paper if desired.)	
Name of School Official	Title
Signature of School Official	Date

Please Remember to Submit Official Transcript