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, General 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.”

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:

<table>
<thead>
<tr>
<th>Institution (List Most Recent First)</th>
<th>City, State, and Zip Code</th>
<th>Dates of Attendance (Month &amp; Year) From To</th>
<th>Date or Expected Date of Degree</th>
<th>Full Time</th>
<th>Part Time</th>
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</tbody>
</table>

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. Leave Blank  
8. Date of Birth:  
9. Citizenship:  
   - USA  
   - Other  
10. Leave Blank  
11. Military Service:  
   - [ ] Active Duty  
   - [ ] Retired  
12. Veterans Status:  
   - Date of Discharge:  
   - Receiving Benefits:  
   - GI Bill:  
13. Dependent:  
   - [ ] Child  
   - [ ] Spouse  

### Sponsor Information

1. Name of Sponsor:  
2. Address of Sponsor:  
3. Last Rank, Rate, or Grade Held:  
4. Service Number:  
5. Leave Blank  
6. Officer or Enlisted:  
7. Date of Discharge/Retirement:  
8. If Deceased, Give Date and Place of Death:  
9. Relationship of Sponsor to Applicant:  
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.)

   **A. Sponsor**  
   - L = Living  
   - D = Deceased  

   **B. Military Service Affiliation or Civilian Qualification of Sponsor**  
   - N = Navy  
   - M = Marine Corps  
   - G = Coast Guard  

   **C. Military Affiliation of Sponsor**  
   - R = Regular  
   - S = Reserve (Active Duty)  
   - I = Reserve (Inactive)  

   **D. Military Status of Sponsor**  
   - A = Active Duty  
   - B = Inactive Duty  
   - C = Retired/Deceased  

   Member of the Fleet Reserve Association?  
   - [ ] Yes  
   - [ ] No  

   Branch (#__)  
   - [ ] MAL  

   Date of Membership:  

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Page 2 of 7
## Financial Information

1. Name of Head of Family:

2. Occupation, if other than Military Service:

3. Leave Blank

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): $

<table>
<thead>
<tr>
<th>Educational Resources Rec’d/ Awarded for Next Year</th>
<th>Veterans Benefits $</th>
<th>Social Security $</th>
<th>Applicant’s Savings &amp; Income $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other $</td>
<td>Loan $ Source</td>
<td>Scholarship $ Source</td>
<td>Grants $ Source</td>
</tr>
</tbody>
</table>

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.

 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 _____

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

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:  

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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
Sponsored by
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
757-484-7403

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.

<table>
<thead>
<tr>
<th>Student’s Name (Last, First, Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Address</td>
</tr>
<tr>
<td>Name and Address of High School/College</td>
</tr>
<tr>
<td>Student’s Dates of Attendance</td>
</tr>
<tr>
<td>Cumulative High School GPA (4.0 Scale)</td>
</tr>
<tr>
<td>SAT/Verbal</td>
</tr>
<tr>
<td>ACT Composite</td>
</tr>
<tr>
<td>High School Class Size</td>
</tr>
<tr>
<td>Remarks by counselors or teachers that may be beneficial to the Scholarship Sponsor (use additional sheets of paper if desired.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of School Official</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of School Official</td>
<td>Date</td>
</tr>
</tbody>
</table>

Please Remember to Submit Official Transcript
Page 7 of 7