



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.* \*Ewt t gpv Hggv T gugt xg Cuuqek v lqp 'b go dgt u'y kj 't v' tgcw'ly q" {gct u'qhl qqf 'laxpf lpi 't g' t nu' ggi kdig+

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, 925 Carlton Blvd., Staten Island, NY 10312-3338, 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.

James E Brown Secretary/Treasurer



# Application for the Walter Beall Scholarship



Sponsored by  
The Past Regional Presidents  
Fleet Reserve Association

**Please Answer Questions Accurately and in Detail (Applicant)**

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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Citizen of United States: Yes \_\_\_\_ No \_\_\_\_

Military Service: Yes \_\_\_\_ What Branch: \_\_\_\_ Date of Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

Receiving Benefits: Yes: \_\_\_\_ No: \_\_\_\_

**Sponsor Information:** Name of Sponsor: \_\_\_\_\_  
Last First Middle (complete) Suffix

Relationship of Sponsor to Applicant: \_\_\_\_\_ If Deceased, provide date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member of Fleet Reserve Association: Yes: \_\_\_\_ Branch #: \_\_\_\_ or Member at Large: Yes: \_\_\_\_

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:

### Financial Information

Did you file a FAFSA free Application for Federal Student Aid? Yes: \_\_\_\_\_ No: \_\_\_\_\_

What is your estimated Family Contribution (EFC)? \$ \_\_\_\_\_

What is the age range of the individuals living in your household: \_\_\_\_\_

How do you plan to fund your education beyond your scholarship? \_\_\_\_\_

1. Aid from Parent or Guardian (Annual Total): \$		Applicant's Savings & Income \$	Veterans Benefits \$
Social Security \$	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.

\_\_\_\_\_

Applicant's Signature                      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       12 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		<b>Total Expenses</b>		
Social Security Benefits (Payable to You)		<b>Less Total Income</b>		
Net Income of Spouse		<b>Amount Needed</b>		
Other Income (Specify)				
<b>Total Income</b>				

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

**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



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.

James E Brown  
Secretary/Treasurer  
Walter Beall Scholarship  
925 Carlton Blvd.  
Staten Island, NY 10312-3338  
347-308-4544

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:** \_\_\_\_\_

James E Brown  
Secretary/Treasurer Walter  
Beall Scholarship 925  
Carlton Blvd.  
Staten Island, NY 10312-3338

### 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**