# **INSTRUCTIONS**

Founded in 1972, the National Naval Officers Association (NNOA) is comprised of officers from the Coast Guard, the Navy, and the Marine Corps – the nation’s Sea Services. NNOA provides professional development and mentoring in an effort to recruit, promote, and retain minority officers in the Sea Services. NNOA seeks to strengthen a diverse officer corps to enhance operational readiness in the Sea Services and has a long history of providing a positive image of the Sea Services in minority communities and educational institutions.

Each year, the Washington, DC Chapter of the NNOA (DCNNOA) awards scholarships starting at $1,000 to minority youth from the Washington, DC Metropolitan Area based on academic achievement, positive community involvement, commitment, and financial need. Scholarship recipients select their major and attend the college or university of their choice without any obligation to join or affiliate with the military; unless stipulated by the scholarship sponsor.

Students **must submit a complete application package** in order to be considered for a scholarship. **Mailed** **application packages, including official transcripts, must be postmarked by February 28, 2017 and addressed to: DCNNOA Scholarship Program, P. O. Box 30784, Alexandria, VA 22310** or emailed to both [Stephen.Williams@navy.mil](mailto:Stephen.Williams@navy.mil) and [diedraware@yahoo.com](mailto:diedraware@yahoo.com). **Applicants should take care to ensure applications are legible and signed.**

A complete application consists of:

* Application Form
* Transcript (use the attached transcript request form to obtain an **official** copy)
* A listing of your extracurricular activities, community service activities, academic honors, and positions of leadership
* Statement of financial need and/or special circumstances (limit 1 page)
* Two letters of recommendation from school officials or other persons of influence in your life, other than relatives, who are in a position to address your character, citizenship, and leadership
* Recent photograph (wallet size, high quality if possible)

Students selected to receive one of DCNNOA’s scholarships will be presented their scholarship award at a banquet on **Saturday, April 29, 2017 at 6:00 p.m.** at the **Greater Waldorf Jaycees Community Center, 3090 Crain Hwy, Waldorf, MD 20601.** These scholarships are intended to support the recipients during theirfreshman year of college. Recipients must enroll full-time at a two or four-year accredited college or university for scholarship funds to be deposited with that institution for the recipient’s use. **Enrollment verification must be submitted to DCNNOA by August 31, 2017**. Additional scholarship information can be accessed on the DCNNOA website ([www.dcnnoa.org](http://www.dcnnoa.com)) by clicking the “Scholarships” link at the top of the homepage. The Scholarship Program Chairman is LCDR Stephen Williams, USN (Retired) who can be reached at (703) 695-8664 / (703) 644-2605) / Fax (703) 644-8503 or via email at [Stephen.Williams@navy.mil](mailto:Stephen.Williams@navy.mil) .

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| **Scholarship Application Form**  ***Please print or type the required information; ensure all information is legible.*** | | | | | | | | | | | | | | | | | | | |
| PRIVACY ACT STATEMENT **Authority to request this information is derived from 5 United States Code 301, Departmental Regulation. The purpose of the information is to apply for educational financial assistance through the Washington, DC Chapter of the National Naval Officers Association (NNOA) Scholarship Awards Program. Information provided will be used to assess scholastic achievement and financial need. Completion of this form is mandatory. Failure to provide required information might result in disqualification from participation in the Scholarship Program.** | | | | | | | | | | | | | | | | | | | |
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| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | |
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| **Applicant’s Last Name** | | | | |  | | **Applicant’s First Name** | | | | | | |  | **Applicant’s Middle Name** | | | | |
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| **Home Address** | | | | |  | | **City** | | | | | | |  | **State** | | |  | **Zip** |
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| **Home Phone** | | |  | | **Cellular Phone** | | | | | | |  | **Email Address** | | | | | | |
| **Yes No** | | | |  | | **Male Female** | | | | | |  |  | | | | | | |
| **U.S. Citizen or Permanent Resident? (circle one)** | | | |  | | **Gender (circle one)** | | | | | |  | **Ethnicity** | | | | | | |
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| **Parent/Guardian’s Last Name** | | | | |  | | **Parent/Guardian’s First Name** | | | | | | |  | **Parent/Guardian’s Middle Name** | | | | |
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| **Parent/Guardian’s Last Name** | | | | |  | | **Parent/Guardian’s First Name** | | | | | | |  | **Parent/Guardian’s Middle Name** | | | | |
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| **HIGH SCHOOL INFORMATION** | | | | | | | | | | | | | | | | | | | |
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| **Name** | | | | | | | | | | | | | |  | **Phone Number** | | | | |
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| **Address** | | | | |  | | **City** | | | | | | |  | **State** | | |  | **Zip** |
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| **HIGH SCHOOL TRANSCRIPT SUMMARY** | | | | | | | | | | | | | | | | | | | |
| **From: To:** | | | | |  | |  | | |  |  | | | | |  |  | | |
| **Dates of Attendance** | | | | |  | | **Cumulative GPA** | | |  | **Class Rank (if applicable)** | | | | |  | **Class Size** | | |
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| **SAT Math Score** |  | **SAT Writing Score** | | | | | |  | **SAT Verbal Score** | | | | | | |  | **Test Date** | | |
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| **ACT Composite Score** |  |  | | | | | |  |  | | | | | | |  | **Test Date** | | |
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| **Guidance Counselor’s Last Name** | | | | |  | | **Guidance Counselor’s First Name** | | | | | | |  | **Email Address** | | | | |
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| **Guidance Counselor’s Signature** | | | | | | | | | | | | | |  |  | | | | |

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| **ADDITIONAL REQUESTED INFORMATION** | | | | | | | | | | | | |
| **Are you a foster child (living in a foster home)? (circle one)**  **\*\* Note: Proof of foster child status must be submitted with the scholarship application.** | | | | | | | | | **Yes No** | | | |
| **Are you an Eagle Scout, currently active in the Boy Scouts? (circle one)**  **\*\* Note: Proof of Eagle Scout status must be submitted with the scholarship application.** | | | | | | | | | **Yes No** | | | |
| **Are you a member of a STEM organization such as NSBE, BDPA, What It Takes, or Patriots Technology Training Center? If yes, list the organizations(s):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | **Yes No** | | | |
| **Would you be willing to apply for a competitive federal STEM internship?** | | | | | | | | | **Yes No** | | | |
| **Are you a member of a Junior Reserve Officer Training Corps program (i.e., NJROTC, NMJROTC etc.)** | | | | | | | | | **Yes No** | | | |
| **Do you have a disability?**  **State the disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | **Yes No** | | | |
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| **COLLEGE ENROLLMENT INTENT** | | | | | | | | | | | | |
| **EXPECTED MAJOR OR COURSE OF STUDY** | **PRIMARY** | | |  | | | | | | | | |
| **SECONDARY** | | |  | | | | | | | | |
| **DO YOU PLAN TO ATTEND AN HBCU? (circle one)**  **\*\* NOTE: HBCU enrollment must be verified to receive scholarship funds deposit.** | | | | | | | | | | **Yes No** | | |
| **DO YOU PLAN TO ENROLL IN AN NROTC UNIT? (circle one)**  **\*\* NOTE: NROTC enrollment must be verified to receive scholarship funds deposit.** | | | | | | | | | | **Yes No** | | |
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| **COLLEGES TO WHICH APPLICANT HAS APPLIED** | | | | | | | | | | | | |
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| **College Name** | | | | |  | | **Financial Aid Office Phone Number** | | | | | |
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| **Financial Aid Office Address** | |  | **City** | | |  | | **State** | | |  | **Zip** |
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| **College Name** | | | | |  | | **Financial Aid Office Phone Number** | | | | | |
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| **Financial Aid Office Address** | |  | **City** | | |  | | **State** | | |  | **Zip** |
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| **College Name** | | | | |  | | **Financial Aid Office Phone Number** | | | | | |
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| **Financial Aid Office Address** | |  | **City** | | |  | | **State** | | |  | **Zip** |

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| **GRADUATING SENIORS AWARDS CEREMONY** | | |
| **School’s ceremony point of contact’s name:** |  |  |
| **School’s ceremony point of contact’s phone number:** |  |  |
| **School’s ceremony point of contact’s email address:** |  |  |
| **Ceremony date (if known):** |  |  |
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**HIGH SCHOOL TRANSCRIPT REQUEST**

To: High School Guidance Counselor Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am applying for a National Naval Officers Association, Washington, DC Chapter (DCNNOA) scholarship. Please send the following items to the DCNNOA Scholarship Awards Program Chairman:

1. Official high school transcript
2. Official ACT/SAT scores

Send to: DCNNOA 2017 Scholarship Awards Program

C/o LCDR Stephen Williams

PO Box 30784

Alexandria, VA 22310

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_