



Combat Helicopter Pilots Association

Goldie Fund Scholarship Application 2017-2018 Academic Year



ABOUT THE SCHOLARSHIP PROGRAM

Each year, the CHPA's Goldie Fund Scholarship Committee convenes to evaluate scholarship applications. High school seniors, high school graduates not currently attending a post-secondary school, and students already attending post-secondary schooling are eligible to apply. Scholarships range from \$1,000 - \$1,500 for the ensuing academic year.

TIPS FOR A SUCCESSFUL SCHOLARSHIP APPLICATION

1. Read the entire application before you begin.
2. Fill out all information requested as the review committee will not consider incomplete applications.
3. Return a complete copy of the application form to the CHPA Goldie Fund Scholarship Committee by the deadline.
4. Thoroughly proofread your essay and ask a teacher/parent to review it for you.
5. Request official copies of your transcripts as soon as possible.
6. Include a valid, legible e-mail address. CHPA contacts all students electronically as well as announces scholarship recipients through e-mail, so it is essential that you include a valid e-mail address.



SEND YOUR COMPLETED APPLICATION TO:

**CHPA GOLDIE FUND SCHOLARSHIP COMMITTEE
c/o Milan Tesanovich
14011 Colville Circle
Carmel, IN 46033_**

Applications will be accepted by Federal Express, UPS, or snail mail (USPS) only. Applications CANNOT be faxed or emailed.

Application Must Be POSTMARKED No Later Than June 30 2017

RULES

The following rules apply to this scholarship program:

1. **The Application Must be Complete:** All applications must be complete, accurate, legible, and printed or written in black ink.
2. **Qualifying Status:** An individual may apply for a CHPA Goldie Fund Scholarship only if the applicant's "sponsor" is a "current member" of the CHPA. (See the definitions of a "current CHPA member" and a "sponsor" in the *Definitions* section of this application.)
3. **Attendance at an Accredited Post-Secondary Education Institution:** A CHPA Goldie Fund Scholarship recipient must be attending an accredited post-secondary educational institution full time at the time the scholarship is awarded.
4. **Academic Achievement While Receiving a CHPA Goldie Fund Scholarship:** A CHPA Goldie Fund Scholarship recipient must attain and maintain at least a 2.25/4.0 grade point average while attending an accredited post-secondary educational institution.
5. **Monetary Need:** While household income, often considered when determining "monetary need," is not a factor in qualifying for a CHPA Goldie Fund Scholarship, the applicant will not qualify to receive a CHPA Goldie Fund Scholarship if the applicant is already receiving scholarship awards or grants that fully pay tuition for the academic term (semester) for which the CHPA Goldie Fund Scholarship is intended.
6. **Required Documents:** ALL Applicants will be required to submit the following documents in support of their applications:
 - An essay addressing why you want to go to college and what you intend to accomplish with your degree. (See the *Instructions* section of this application for more information about the essay requirement).
 - A school and community activities sheet listing your extracurricular school and community activities, and awards. (See the *Instructions* section of this application for more information about the School and Community Activities Sheet requirement).
 - Academic Achievement Documentation: Please use the *Transcript Release Form* located in this Application packet to request these documents. If your academic institution requires a different form, then use that form. (See the *Instructions* section of this application for more information about the Academic Achievement Documentation requirement).
 - Character Recommendations: Provide at least two recommendations, one academic and one community. The academic recommendation should be from a teacher, professor, dean, academic mentor, faculty advisor, etc.) The community recommendation should be from a pastor/priest/rabbi, overseer of volunteer work, beneficiary of community work you may have done, scout master, employer, etc., in short, someone within your community who can speak to your character and contributions outside of academia. An applicant may provide more than one of each character recommendation if desired. Please use the *Academic Recommendation and Community Recommendation* forms that are made part of this application packet.
 - Copy and use the forms provided in this application packet to request release of your transcripts and obtain the requested character recommendations. It is both wise and polite to supply a pre-addressed stamped envelope to the person you are asking to provide your recommendation. Fill in your name on the recommendation and follow up to make sure your recommendations and school transcripts have been mailed prior to midnight on June 30 2017.
 - Submit one complete set of all documents. The (1) academic recommendation(s), (2) character recommendation(s), and (3) academic achievement documents (transcripts) may be mailed in with your application package or directly from the recommender or reporting source.
7. The CHPA Goldie Fund Scholarship Committee must receive copies of all of the documents described above by the deadline date shown on the cover page of this application in order for the

CHPA to consider your application for a CHPA Goldie Fund Scholarship. As a reminder, those documents are:

- Official certified academic documents (*i.e.* high school and/or college transcripts and test scores);
 - Your essay;
 - Your school and community activities sheet;
 - Your two character recommendations;
 - Proof of eligibility of your sponsor (proof of immediate family relationship – biological or adoptive, proof of active military service, proof of a discharge other than dishonorable, proof of serving as a combat helicopter pilot or flight-crew member, *etc.*);
8. The CHPA will acknowledge receipt of your application if you have enclosed a self-addressed, stamped **postcard** (not an envelope) that states: “**CHPA Goldie Fund Scholarship application has been received** _____.” We will date it and mail it back to you.
 9. Scholarship applicants are notified of their selection or non-selection via e-mail in early September.
 10. You agree that if you are selected to receive a CHPA Goldie Fund Scholarship, your photo and excerpts from your essay may be used for promotional materials.
 11. **Signature and Verification:** The applicant (and a sponsor, if applicable) must sign the application form and verify that the information contained therein is complete and accurate.
 12. Through your signature on the application, and in consideration of the opportunity to participate in the scholarship application process, you, the applicant (and sponsor, where applicable), hereby grant the right for any information to be independently verified and waive any and all liability or appeal for the process and the selections made, including not being selected to receive a scholarship.

DEFINITIONS

The following definitions apply to this scholarship program:

1. **Accredited** is defined for purposes of this application as a post-secondary institution or an institution of higher learning that meets the standards of quality by which one of the Commissions recognized by the U.S. Department of Education determines whether a post-secondary or higher education institution merits accreditation or reaffirmation of accreditation. A list of accredited higher learning institutions can be found through this website: <http://ope.ed.gov/accreditation/>.
2. **Current CHPA Member** is defined as a pilot or flight-crew member who has met all of the eligibility requirements to be a voting member of the CHPA and is dues current.
3. **Post-Secondary Institution or Institution of Higher Education** is a school that: (1) awards at least a bachelor's degree or offers not less than a 2 year program that provides credit towards a degree; or, (2) provides not less than 1 year of training towards gainful employment; or, (3) is a vocational program that provides training for gainful employment and has been in existence for at least two years; **and** meets all three of the following criteria: (1) admits as regular students only persons with a high school diploma or equivalent; or admits as regular students persons who are beyond the age of compulsory school attendance; (2) is organized and recognized as a Public, Private, or Non-Profit legal entity; and (3) is accredited and is authorized to operate in each state in which a campus is located, or is approved to offer on-line courses in the jurisdiction in which the student resides.
4. **Sponsor** is defined as a biological or adoptive ancestor (parent, grandparent, great-grandparent, etc.) who is a current CHPA member "in good standing." In a case where the individual who would be the sponsor is deceased, if the individual was a current CHPA member "in good standing" at time of death, or the individual would have qualified for membership in the CHPA at the time of death, *i.e.* had served as a helicopter pilot or flight-crew member in combat in the United States Armed Forces, then that deceased individual qualifies as a "sponsor."

INSTRUCTIONS

1. **Read all instructions carefully. Review and understand all instructions before mailing.**
2. **Essay Requirement:** Required of ALL Applicants. The essay should be typed or printed neatly in black ink and must be legible. The essay should address why you want to go to college and what you intend to accomplish with your degree.
Consider the essay your résumé. Sell yourself to the scholarship committee and the CHPA Board of Directors as you would to a future employer. Cite life experiences, career objectives, and what motivates you to select these objectives.
The essay should be: (1) no less than 750 and no more than 800 words in length; (2) double-spaced; (3) Arial font; (4) 12-point font; and (5) one-inch top, bottom, and side margins.
3. **School and Community Activities Sheet:** Required of ALL Applicants.
 - **Activities:** On a separate sheet of paper list your extracurricular school and community activities, and awards. If you have no extracurricular activities or awards please insert a page stating that.
 - **Academic Documentation:** Required of ALL Applicants. Unless your school requires otherwise, please use the *Transcript Release Form* contained in this Application Packet.
 - **Current High School Students:** Provide official high school transcript and SAT/ACT scores.
 - **Current Undergraduate Students:** Provide an official school transcript for the years you have already completed.
 - **Graduate Students:** Provide an official school transcripts from your undergraduate and your post-graduate years.
4. **Character Recommendations:** Required of ALL Applicants. Provide at least two recommendations, one academic and one community. Applicant may provide more if desired.
 - Academic recommendation (teacher, professor, dean, academic mentor, faculty advisor, etc.). Please use the *Academic Recommendation Form*.
 - Community recommendation (pastor/priest/rabbi, overseer of volunteer work, beneficiary of community work you may have done, scout master, employer – someone within your community who can speak to your character and contributions outside of academia). Please use the *Community Recommendation Form*.
5. **Remember:**
 - Unless your school requires otherwise, copy and use the forms provided herein to request release of your transcripts
 - Obtain the requested character recommendations. It is both wise and polite to supply a pre-addressed stamped envelope to the person you are asking to provide your recommendation.
 - Fill in your name on the recommendation and follow up to make sure your recommendations and school transcripts have been mailed prior to midnight on June 30, 2017.
 - Submit one complete set of documents by the deadline.
 - ALL scholarship recipients must be registered as a full time student in an accredited post-secondary institution or an institution of higher education.
6. **Mail or email Application To:**
CHPA GOLDIE FUND SCHOLARSHIP COMMITTEE
c/o Milan Tesanovich
14011 Colville Circle
Carmel, IN 46033

APPLICANT INFORMATION

Applicant Name: Last	First	Middle	Maiden (if applicable)
Home Street Address:			
Home City:		Home State:	Home ZIP:
School Street Address:			
School City:		School State:	School ZIP:
High School you graduated from:			
Undergraduate College(s) attending or graduated from. List degree(s) attained:			
Graduate Schools attending or graduated from. List degree(s) attained:			
Home Phone Number:	Cell Phone Number:	School Phone Number	Email Address as of 6/30/2017:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	Marital Status:
<p>I have read and understand the Rules on Pages 2 and 3 and the Instructions on Page 5 and certify that the information herein is correct to the best of my knowledge.</p>			
Applicant's Signature (parent if applicant is a minor):			Date:

SPONSOR INFORMATION

Sponsor Name: Last:		First:		Middle:	
Name of Contact if Sponsor is Deceased: Last:		First:		Middle:	
Sponsor's Street Address: (or contact person if sponsor is deceased):					
Sponsor's City:		State:	ZIP:	Sponsor's Phone:	Sponsor's email:
Sponsor's Relationship to Applicant:		Last Rank:	Discharge/Retire Date:	If Deceased, Date of Death:	Did Sponsor Pass Away on Active Duty: <input type="checkbox"/> Yes <input type="checkbox"/> No
The Sponsor MUST be a Current CHPA Member to Sponsor an Applicant. Please Check <u>All</u> That Apply:					
Sponsor's CHPA Member Number:					
The sponsor is: <input type="checkbox"/> Living <input type="checkbox"/> Deceased					
Sponsor's Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Other (Explain):					
Sponsor Serves/Served as: <input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> Nat'l Guard					
Sponsor's Service Type: <input type="checkbox"/> Commissioned Only <input type="checkbox"/> Commissioned & Enlisted <input type="checkbox"/> Enlisted Only					
Sponsor is: <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Reserve <input type="checkbox"/> Nat'l Guard <input type="checkbox"/> Veteran					
I have read and understand the Rules on Pages 2 and 3 and the Instructions on Page 5 and certify that the information herein is correct to the best of my knowledge.					
Sponsor's Signature				Date:	

APPLICANT'S HOUSEHOLD FINANCIAL INFORMATION

Name of Head of Household:				Home Telephone:		Work Telephone:	
Relationship to Applicant:				Cellular Telephone:		Email address:	
Street Address: (if different from Applicant):							
City:				State:		ZIP:	
Number in Household:	Amount:	Checking:	Savings:	Parent:	Veterans Benefits:	Other (describe):	
<p>I have read and understand the Rules on Pages 2 and 3 and the Instructions on Page 5 and certify that the information herein is correct to the best of my knowledge.</p> <p>Sponsor's Signature Date:</p>							

APPLICANT'S FINANCIAL AID / SCHOLARSHIP / GRANT INFORMATION

List Amount of Costs to Attend School (may be estimated) for 2017-2018 School Year

Tuition: \$

Room and Board: \$

Books & Other Fees: \$

List Financial Resources Available or Awarded for 2017-2018 School Year (use additional sheet if necessary)

Veterans Education Benefits: \$

Other: \$

Source(s):

Loan(s): \$

Source(s):

Scholarship(s): \$

Source(s):

Grant(s): \$

Source(s):

Total Funds Available for Education:

\$

Additional Comments: The applicant, parent, sponsor may comment on any specific circumstance that they desire to bring to the attention of the scholarship committee that impacts the financial status described above.

I have read and understand the Rules on Page 2 and 3 and the Instructions on Page 5 and certify that the information herein is correct to the best of my knowledge.

Applicant's Signature (parent if applicant is a minor):

Date:

SCHOOL & COMMUNITY EXTRACURRICULAR ACTIVITIES AND AWARDS

On a separate sheet of paper, please list school, community extracurricular activities, and awards. (See Rules on Page 2 and Instructions on Page 5)

APPLICANT'S EDUCATION INFORMATION

Name High School Currently Attending or Graduated From:	Dates of Attendance:	Graduation Date:
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Address of High School Currently Attending or Graduated From:

Name of College Where You Intend to Matriculate:

Address of College Where You Intend to Matriculate:

Name of Any Previous College Attended:	Date(s) of Attendance:	Graduation Date:
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Address of Any Previous College Attended:

Name of Any Previous College Attended:	Date(s) of Attendance:	Graduation Date:
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Address of Any Previous College Attended:

I have read and understand the Rules on Pages 2 and 3 and the Instructions on Page 5 and certify that the information herein is correct to the best of my knowledge.

Date:

Applicant's Signature (parent if applicant is a minor):

APPLICANT'S WORK EXPERIENCE

Employer's Name:	Dates Employed:	Description of Job:

Important – We must receive this completed application and one complete set of documents (essay, activity sheet, transcripts, and recommendations) with a postmarked date no later than the date shown on the cover page of this application in order to consider any application for a CHPA Goldie Fund Scholarship.

I have read and understand the Rules on Pages 2 and 3 and the Instructions on Page 5 and certify that the information herein is correct to the best of my knowledge.

Date:

Applicant's Signature (parent if applicant is a minor):

**ACADEMIC RECOMMENDATION
FOR APPLICANT OF CHPA GOLDIE FUND SCHOLARSHIP**

Instructions to the person making the recommendation: Please answer the following questions as best you can. If necessary, use additional sheets of paper. When done, please seal the completed recommendation in an envelope and sign your name across the sealed flap on the back. Send completed recommendations to:

**CHPA GOLDIE FUND SCHOLARSHIP COMMITTEE
ATTN: MILAN D. TESANOVICH
10411 COLVILLE CIRCLE
CARMEL, IN 46033**

Recommendation for (applicant's name):	
Recommendation by (name):	
Title/Position:	
Phone Number:	
Email:	
Relationship to Applicant:	

Question #1: Describe the capacity in which you've known the applicant.

Answer:

Question #2: What accomplishments or character qualities do you feel make him/her worthy of a scholarship award?

Answer:

Question #3: How does the applicant compare to peers?

Answer:

Question #4: Are there any particular challenges or leadership qualities the applicant has met that warrant your special recommendation?

Answer:

Question #5: What other information about this applicant should the scholarship committee consider in making its decision?

Answer:

I certify that the information herein is correct to the best of my knowledge.

Recommender's Signature:	Date:
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**COMMUNITY RECOMMENDATION
FOR APPLICANT OF CHPA GOLDIE FUND SCHOLARSHIP**

Instructions to the person making the recommendation: Please answer the following questions as best you can. If necessary, use additional sheets of paper. When done, please seal the completed recommendation in an envelope and sign your name across the sealed flap on the back. Send completed recommendations to:

**CHPA GOLDIE FUND SCHOLARSHIP COMMITTEE
ATTN: MILAN D. TESANOVICH
10411 COLVILLE CIRCLE
CARMEL, IN 46033**

Recommendation for (applicant's name):	
Recommendation by (name):	
Title/Position:	
Phone Number:	
Email:	
Relationship to Applicant:	

Question #1: Describe the capacity in which you've known the applicant.

Answer:

Question #2: What accomplishments or character qualities do you feel make him/her worthy of a scholarship award?

Answer:

Question #3: How does the applicant compare to peers?

Answer:

Question #4: Are there any particular challenges or leadership qualities the applicant has met that warrant your special recommendation?

Answer:

Question #5: What other information about this applicant should the scholarship committee consider in making its decision?

Answer:

I certify that the information herein is correct to the best of my knowledge.

Recommender's Signature:	Date:
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TRANSCRIPT REQUEST AND RELEASE FORM

Applicant: Submit This Form to Your High School or College Administrative Office

Official Privacy Act Statement

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

The high school/college named below has my express permission to release the information requested herein to the scholarship sponsor indicated below:

Mail to:

**CHPA GOLDIE FUND SCHOLARSHIP COMMITTEE
c/o Milan Tesanovich
14011 Colville Circle
Carmel, IN 46033**

Date:

Student's/Applicant's Signature (parent if applicant is a minor):

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. Please provide SAT and/or ACT scores and forward to the scholarship sponsor indicated above by mail or email.

Provide the following information even if provided in transcript. Please include the grading scale.

STUDENT'S NAME: (LAST, FIRST, MIDDLE)

Name of High School/College:

Address of High School/College:

Student's Dates of Attendance:

Cumulative GPA/Scale:

SAT/Reading:

SAT/Math:

SAT/Writing:

ACT Composite:

High School Class Size:

High School Rank:

Remarks by that may be beneficial to the Scholarship Adjudicator (use additional sheets if necessary).

I certify that the information herein is correct to the best of my knowledge.

School Official's Printed Name:

Title:

School Official's Signature

Date:

Please Submit Official Transcripts