

# Union County Military Family Support Group

## The Major General and Mrs. Oscar C. Decker Jr. Community Service Scholarship

### 2023 Scholarship Application Form

(Please Clearly Print or Type All Responses)

#### PERSONAL INFORMATION:

Name of Applicant:

---

Last	First	Middle Initial
------	-------	----------------

Address: (Applicant must live in Union County)

---

Street & Number

---

City or Town	State	Zip Code
--------------	-------	----------

---

Telephone Number (Home and Cell)	Email Address
----------------------------------	---------------

---

Name of Parents/Guardian	Telephone Numbers (Other than Home #)
--------------------------	---------------------------------------

Are you currently employed? (Please Circle)    YES    NO

If employed, give the name, address, and phone # of employer:

---

Name of Employer	Address
------------------	---------

Status of Employment: (If applicable) (Please Circle)    Full-Time    Part-Time

Days and Hours of employment: \_\_\_\_\_

What is the best time to contact you: \_\_\_\_\_

**SCHOLARSHIP ELIGIBILITY REQUIREMENTS:**

**Are you a Graduating High School Senior: (Circle)      Yes      NO**  
**(Applicant must be a Graduating Senior)**

**Name of High School (currently attending):** \_\_\_\_\_  
**(Applicant must be attending a school within Union County)**

**List all schools previously attended:**

School	Dates Attended

**Name and Telephone Number of School Counselor:**

Name	Telephone Number
------	------------------

**What is your Grade Point Average:** \_\_\_\_\_  
**(Applicants must have at least a 3.0 GPA) (Attach a copy of latest Report Card)**

**Have you taken any college courses so far: (Please Circle)    YES      NO**

**If YES, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**Have you been accepted to a college or university: (Please Circle)    YES      NO**  
**(Applicant must have an acceptance) (Attach copy of acceptance letter)**

**If not accepted yet, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**Name of College/University:** \_\_\_\_\_

**What will be your Major/Course of Study:** \_\_\_\_\_  
**What degree will you get upon completion (BA/BS):** \_\_\_\_\_

**List all Extra-Curricular Activities (Clubs, Sports, Scouts, etc) (Years of Membership and Positions):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ELIGIBILITY REQUIREMENTS (Continued)**

**List of Extra-Curricular Activities (Continued)(as needed):**

---

---

---

---

**\*Attach a one-page letter addressed to the Decker Scholarship Selection Board explaining why you should be considered for this scholarship. Provide details of your demonstrated history of selfless/community service which has benefitted your community (Refer to the attached Cover Letter).**

**Provide here the name (s) and contact information of at least one adult who can verify your act(s) of selfless/community service. Also explain how they are able to make this verification. NOTE: Individual(s) cannot be a relative(s).**

---

---

---

---

---

---

---

**\*Attach three (3) Letters of Recommendation from adults (other than relatives) stating why you should be considered for this scholarship. These individuals may be those verifying your selfless/community service, and/or from school officials.**

**You may provide here any additional information that supports your eligibility for this scholarship:**

---

---

---

---

---

---

---

---

---

---

**DECLARATION BY APPLICANT:**

I have read the Cover Letter (all three pages) and I understand the application process for the UCMFSG Major General and Mrs. Oscar C. Decker, Jr. Community Service Scholarship.

During the 2023-2024 academic year, I will attend an accredited College or University.

I believe that I meet the eligibility criteria for this scholarship. Furthermore, I certify that the information provided on this application form, and in the supporting documents, is to the best of my knowledge, true, accurate, and complete.

I understand that my application will be reviewed by the Decker Scholarship Selection Board, and that I will be required to appear before this Board as a part of the selection process. I also understand the Board's recommendation is forwarded to the UCMFSG Executive Committee, and that the decision of the UCMFSG Executive Committee regarding the scholarship award is final.

If I am selected to receive this scholarship, I agree that my name and photo may be used by the UCMFSG to announce the award publicly within local news media and on the UCMFSG website.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

NOTE: The completed Application Form (four pages), and all required supporting documentation, must be submitted no later than the suspense date mentioned in the Cover Letter to this form.

Mail the completed application and supporting documents to the following address:

**Union County Military Family Support Group  
ATTN: Decker Scholarship Selection Board  
Post Office Box 1001  
Marysville, Ohio 43040**