

# Union County Military Family Support Group

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

### Application Form For The 2024 Decker Scholarship

(Please Clearly Print or Type All Responses)

#### PERSONAL INFORMATION:

Name of Applicant:

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Last	First	Middle Initial
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Address: (NOTE: Applicant must live in Union County)

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Street & Number

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City or Town	State	Zip Code
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Telephone # (Home and Cell): \_\_\_\_\_ Email Address \_\_\_\_\_

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Name of Parents/Guardian	Telephone Numbers (Other than Home #)
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Are you currently employed: (Please Circle)    YES    NO

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

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Name of Employer	Address
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Days and Hours of employment: \_\_\_\_\_

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

**SCHOLARSHIP ELIGIBILITY REQUIREMENTS:**

**NOTE: Applicants must attend a school in the Fairbanks, Marysville, or North Union School Districts.**

**Are you a High School Senior who will graduate this year: (Circle) Yes NO**  
(Applicant must be a Graduating Senior)

**Are you home-schooled: (Circle) Yes No**  
If yes, in what Union County School District do you live: \_\_\_\_\_

**If not home-schooled, what High School do you attend: \_\_\_\_\_**

**Name, Telephone Number, and Email Address of School Counselor:**

\_\_\_\_\_  
**Name Telephone # Email Address**

**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 2-Year or 4-year college or university: (Please Circle) YES NO**  
(Applicant must have proof of acceptance) (Attach copy of acceptance letter)

**Name of Colleges/Universities you plan on attending and start date: \_\_\_\_\_**  
\_\_\_\_\_

**If not yet accepted, please explain: \_\_\_\_\_**  
(Note: Proof of acceptance must be provided before the scholarship check will be issued)

**What will be your Major/Course of Study: \_\_\_\_\_**  
\_\_\_\_\_

**What degree will you get upon completion of study: BA BS Other (Explain)**  
\_\_\_\_\_

**What other Short and Long-Term Goals do you have: \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_



**DECLARATION BY APPLICANT:**

I have read the **Application 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 **2024-2025 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 may 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 and Facebook page.

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 Application Cover Letter.

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**