

**COMBAT CONTROL ASSOCIATION
SENIOR AIRMAN MARK FORESTER SCHOLARSHIP**

Purpose: To honor Senior Airman Mark Forester and his sacrifice through the presentation of one \$2500 scholarship to a deserving and eligible applicant.

As an enlisted CCT with a bachelor's degree, Mark believed strongly in education and set an example for all others to follow; this ideal will be captured through the presentation of this scholarship.

Scholarship applicants must meet the following criteria:

1. A family member (dependent) of any retired or active duty enlisted Combat Controller, Combat Control Officer, or Special Tactics Officer.
2. A family member (dependent) of any current Combat Control Association Regular, Life, or Associate member.
3. Have applied to an institution of higher learning.
4. Have a 2.5 grade point average (GPA) or better (from high school or college) with records showing college-level abilities and preparation.
5. Completed scholarship application in accordance with the application procedures listed below.

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POLICY LETTER**

1. Scholarships are based on scholastic achievement, financial need, extracurricular activities, and interest.
2. At least one scholarship of \$500.00 will be awarded and the recipients must meet the eligibility requirements. The amount will vary based upon the amount of donations received. The goal is to award at least one scholarship of \$2500.00 to every eligible student that applies.
3. Official, written verification of the recipients registration/enrollment from the institution of higher learning must be received by the scholarship committee prior to distribution of funds.
4. The CCA Scholarship Chairperson will mail the scholarship check directly to the individual.
5. If the winner ceases to attend classes at the school of choice and does not transfer to another school, the scholarship winner must return any remaining funds to the CCA.
6. The winner(s) will be notified prior to receiving the award. If the original winner declines acceptance of the scholarship, a subsequent winner will be notified as soon as possible. Failure to respond to the CCA Scholarship Committee within 20 days of notification with acknowledgment of acceptance of the scholarship constitutes a declination of the scholarship.
7. Any student planning delayed school enrollment must notify the CCA Scholarship Chairperson and the scholarship money will be held in the student's name for up to 12 months after notification.

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SELECTION PROCEDURES

1. Judging will be by an impartial committee of five people (to include one CCA board member, once active duty STO, one retire STO/CCT Officer, one active duty CCT, and one retired CCT). Board member will be the tiebreaker if necessary; otherwise the board member will not vote.
2. The scholarship committee members will work independently, without collusion, and present their tally sheet, clearly identifying each candidate in rank order.
3. No committee member will be related to any applicant.
4. Judges will base their selections only on the applications submitted.
5. Applicant's name, race, and sex will not appear on any portion of the application seen by the judges.
6. Applications will be evaluated based on the following criteria:
 - Verification of eligibility
 - Application completed in full
 - Scholastic achievement (class rank, ACT or SAT scores, GPA, Academic course, etc.)
 - Extracurricular activities and interests (honors and awards, school and community involvement, JROTC, outside employment, internships, etc...)
 - Considerations will be given for number of high schools attended when there was limited opportunity to participate in activities due to frequent transfers
 - Financial need
 - Judges overall evaluation of the application data

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APPLICATION PROCEDURES**

1. Complete the application.
2. Forward to the applicant's guidance counselor or appropriate school equivalent to complete the Student Data Information Form and print a copy of your high school or college transcripts.
3. Mail Completed application package postmarked no later than 19 June 2015 to:

Combat Control Association Scholarship Committee
P.O. Box 432
Mary Esther, Florida 32569-0432

**COMBAT CONTROL ASSOCIATION
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APPLICATION FORM**

Student basic information **(not to be used during application evaluations)**

NAME: _____ DATE _____

ADDRESS: _____

STATE: _____ ZIP CODE: _____

HOME PHONE: _____ BIRTH DATE: _____

PARENT/GUARDIAN NAME: _____

CCT/CCA SPONSOR: _____ RANK: _____ (AD/RET/DEC)

PARENT/GUARDIAN PHONE NUMBER: _____

STUDENT'S EMAIL ADDRESS: _____

(Not to be used during applicant evaluations)

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1. Family's total gross annual Income: _____

2. Number of dependents brothers/sisters: _____ Ages: _____

3. High schools/colleges attended within last four years:

(Name of school, City/State, grades):

4. List special honors, awards, etc (scholastic & community) received during high school years (use separate pages as necessary):

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5. List participation in graded/non-graded extracurricular activities, sports, JROTC, etc., and indicate school year (use separate pages as necessary):

6. List participation in community activities such as red Cross, Habitat for Humanity, etc. (use separate pages as necessary):

7. List all employment during the last four years; include time frame and position held, (use separate pages as necessary):

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8. State your intended educational objectives and long term goals (use separate pages as necessary):

9. Give names and complete mailing addresses of institutions of higher learning to which you have applied for admission (use separate pages as necessary):

10.

11. Give names and complete mailing addresses of institutions of higher learning to which you have been accepted for admission (use separate pages as necessary):

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APPLICATION FORM PAGE 4**

12. List sources and amounts of non-repayable moneys you have been awarded for college (use separate pages as necessary). Write "non" if applicable:

I have read and fully understand the criteria, policy letter, and application forms. I verify all information given as true and correct to the best of my knowledge.

Signature of Student

Signature of Parent/Guardian

**COMBAT CONTROL ASSOCIATION
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APPLICATION FORM**

STUDENT DATA INFORMATION AND RECOMMENDATION FORM

This form should be completed by an authorized representative of the school. This form, along with the student's official transcripts and scholarship application, must be mailed to:

Combat Control Association Scholarship Committee
P.O. Box 432
Mary Esther, Florida 32569-0432

Student's Name: _____

Number in graduating class: _____ Student's high school class rank: _____

High school percentile rank: _____ Year of graduation: _____

Grade point average (based on weighted scale): _____

SAT Scores: Verbal _____ Math: _____ Combined _____

ACT Scores: _____ College GPA: _____

Total college credit hours: _____

Counselor or equivalent recommendation: Yes: _____ No: _____

Additional Comments (include any additional advanced college or college prep courses taken by student)

Signature of Guidance Counselor or Equivalent