Military Order of the Stars and Bars Scholarships
ATM Department - General Patrick R. Cleburne
AOT Department - General Nathan B. Forrest
ANV Department – General Robert E. Lee

Scholarship Application

Name: _____

Address: _____

_____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/_____/_____ Telephone Number: (_____) - _____-_____

Email Address: _____

Parents/Guardians: _____

Educational Institutions/High School Attended:

Name: _____ Attended From: ____/_____/_____

Address: _____ Attended To: ____/_____/_____

City: _____ State _____ Graduated: Yes _____ No _____

Name: _____ Attended From: ____/_____/_____

Address: _____ Attended To: ____/_____/_____

City: _____ State _____ Graduated: Yes _____ No _____

Name: _____ Attended From: ____/_____/_____

Address: _____ Attended To: ____/_____/_____

City: _____ State _____ Graduated: Yes _____ No _____

Educational Institutions Attended:
College/University
(Two Year, Four Year, Graduate School, etc.)

Name: _____ Attended From: _____/_____/_____

Address: _____ Attended To: _____/_____/_____

City: _____ State _____ Graduated: Yes _____ No _____

Name: _____ Attended From: _____/_____/_____

Address: _____ Attended To: _____/_____/_____

City: _____ State _____ Graduated: Yes _____ No _____

Name: _____ Attended From: _____/_____/_____

Address: _____ Attended To: _____/_____/_____

City: _____ State _____ Graduated: Yes _____ No _____

Financial Aid

Have you applied for financial assistance elsewhere? Yes _____ No _____

Have you been awarded other financial aid? Yes _____ No _____

If YES, list the name of the award, address of the fund/activity, amount or value of the award:

Institution where you plan to attend

Name: _____

Accepted by institution: Yes _____ No _____ Enrollment Date: _____

Academic Honors/Awards Received

(Academic Societies, clubs, offices held, papers/articles published, etc. *Applicants are free to attach additional pages and a resume*).

_____

_____

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I declare that all the information provided is true and correct to the best of my knowledge.
I have read and understand all eligibility requirements.
I understand that the decision of the Scholarship Committee is final.
I give my permission to the Military Order of the Stars and Bars to verify/investigate all information provided on this application.

Are you a current active MOS&B member? _____

If so, please give Membership Number _____

Are you a blood relative of a current active MOS&B member? _____

If so, please give his name and number: _____

_____ _____ ____/_____/_____
Printed Name **Signature** **Date**