

Spectre Association Scholarship Application 2017

ELIGIBILITY:

1. Be a Dependent, Grandchild, or Great Grandchild of a member in good standing of the Spectre Association.
2. Be a college eligible student or be enrolled on a full time basis in College/Trade School.
3. One application per student/year .

POLICY:

1. Selection is by luck of the draw.
2. Winning a scholarship does not remove eligibility the next year.
3. The winner(s) shall be announced at the annual reunion.
4. The winner(s) shall not receive the actual scholarship funds until enrolled at an accredited institution of higher learning and the Association Secretary or Treasurer has been notified where the money shall be sent.
5. The check will be mail by January 15th of the following year directly to the institution listed.

Applicant's Name as registered: _____

Relationship to Sponsor: _____

Student ID#: _____

College Attending: _____

Student's Address on Campus: _____

College Registrar's Phone #: _____

Sponsor's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Spectre Membership Number: _____ Annual _____ Life Member _____

Send this Application To:
Spectre Association
P.O.Box 707
Mary Esther FL 32569

Note: Application must be received no later than September 23, 2017.