



SECOND INDIANHEAD DIVISION ASSOCIATION



BILL CREECH SCHOLARSHIP' APPLICATION

Individual scholarship awards will be made annually from Association Scholarship funds to provide assistance to most deserving applicants who are:

- a. Children or grandchildren of members of the Association and who have been in good standing for three (3) consecutive years.
- b. Children or grandchildren of men or women killed in action while serving with the 2nd Division.

The following must be submitted in the order requested below along with the application form:

1. Personal letter from applicant giving reasons for request and plans for the future.
2. A transcript of high school credits through first semester of the senior year to include rank in class and the most recent ACT or SAT test scores or college transcript for the same period.
3. A statement from applicable principal attesting to the character and involvement in extra -curricular activities.
4. Two letters of recommendation from current teachers/professors concerning progress in current classes or subjects.
5. A 200-300 word essay on subjects such as "What Being an American Means To Me", "Why I Should Receive This Scholarship", "What Significant Part of U.S. History has the Second Infantry Division Contributed".
6. A statement from the parent or guardian on what financial support will be furnished the applicant.
7. A letter of acceptance from the institution selected by the applicant. This determination must be finalized.
8. A full-face head and shoulders photo of the applicant **no larger than 4"x5"**.
9. If adopted, send proof of adoption.
10. A letter from the Association member sponsor attesting to the applicant's eligibility.

APPLICATION MUST BE TYPED OR PRINTED PLAINLY WITH BLACK INK AND SUBMITTED TO NATIONAL HEADQUARTERS NO LATER THAN 1 JUNE OF THE YEAR FOR WHICH THEY PLAN TO ATTEND.

The applications will be reviewed for accuracy and completeness by the Scholarship Committee and a report and recommendation made to the Association members. The applicants will be notified once a determination has been made. If approved, a letter will be sent with a check to the institution selected by the applicant. The letter will detail distribution of 50% in the Fall semester and 50% in the Spring semester.

BILL CREECH SCHOLARSHIP' APPLICATION FORM

Name of applicant _____ Marital Status _____

Address _____

City, State, ZIP _____

Social Security Number _____ Phone number _____

Birth Place and Date of Birth _____

High School Attended _____ Graduation Date _____

University you attend/plan to attend _____

Address: Financial Aid Department, University, City, State, ZIP _____

Father's full Name _____ Living or Deceased _____

Father's occupation _____

Mother's full Name _____ Living or Deceased _____

Mother's occupation _____

If parents are deceased, name and address of guardian _____

Name of sponsor (if different from father or mother) _____

Relationship of sponsor if not father or Mother _____

Sponsor Address _____

Dates sponsor was a Member of 2nd Division _____

2 ID Unit to which sponsor was assigned _____

Period sponsor was or has been a member of 2nd Division Association _____

If deceased while serving with the 2nd Division, give available information _____

Signature of applicant _____

Mail to: Second Indianhead Division Association. PO Box 218 Fox Lake, Illinois 60020 or 2idahg@comcast.net
