



ACA Scholarship Application

Student's Name: _____

Student's ID# _____

Relationship to ACA Member: _____

Student's Age: _____

College: _____

Address of College: _____

City: _____

State: _____ Zip: _____

Member's Name: _____

Member's ACA Number: _____

This year we will award four scholarships of \$1500 each. The scholarships will be awarded at the general membership meeting. The Board of Directors will randomly select the winners from the eligible candidates submitted by the membership.

Scholarship eligibility criteria are as follows: The Candidate must be the child (natural, adopted, or step), grandchild, or great grandchild of a member in good standing of this Association. The candidate must be accepted to or enrolled in an accredited college or university and be less than 24 years of age at the end of May. Candidates may not be a member of this association, on active duty, attending a Service Academy, or on full scholarship to a college or university.