LUCEY DUGAN WATKINS CHARITY 2024 SERVICE ACADEMIES SCHOLARSHIP APPLICATION



You must either type or print all your answers neatly in ink. Application response may be sent via email to luceyduganwatkins@gmail.com or mailed to Lucey Dugan Watkins Charity, Scholarship; 301 Baldwin Ave, New Milford, NJ 07646. Scholarship application, transcripts and letters of recommendation must be postmarked by 4/15/2024 to the above address.

1.	Name,							
	Last			First			M.I.	
	Permanent mailing address							
	Number and street							
	City		State		Zip		E-mail	
	PhoneBirt			h date				
				Month	Day	Year		
2.	What year did/will	you receive a high	school diploma?					
	Hig	gh School Name	City	State				
3.	High school students:							
		High School GPA						
4.	Academy preparator	y school students (M	MAPS, NAPS, etc.):					
		School Name	e	GPA				
5.	Applicant must re	gister at a United S	States Service Academ	ny (USMA, US	NA, USA	FA, USCGA)).	
Ser	vice Academy Name							
_	Major Field of Stud	ly (if undecided, ente	er N/A)					
6.	Are you currently v	working 20 hours or	more per week? Yes/N	No [Y/N]				
Oc	cupation and Emplo	yer						
Pe	rmission to contact?	(Provide name and p	phone or email)					

7. On a separate page (or two), please write an essay no shorter than 500 words, and no more than 1,000 words. Be sure to discuss the following:

- a. What inspired you to enter a service academy and why this academy?
- b. Your experience with volunteer work
- c. Provide an example of a time you helped someone with no benefit to yourself (explain the person's challenge, how you helped, and the result)
- d. What American Patriotism means to you and why it is important
- e. An American historical figure who you believe exemplifies leadership, explain
- 8. Attach <u>TWO</u> Letters of Recommendation: Please provide one letter from a school official, one letter from a member of the community who is not a relative.

CERTIFICATION. ALL APPLICANTS: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact high school and/or college officials for additional academic information. I further agree if chosen to submit a written paragraph to be published on the value of the scholarship award in my academic pursuits.

Signature	