

2011 MILITARY SCHOLARSHIP APPLICATION FORM

Complete this form and mail it with the other required application materials to the address below.
Please type or print clearly.

Contact Information:

1. Full Name: _____
2. Primary Address: _____
3. Primary Telephone Number: () _____
4. Primary E-mail Address: _____

Education Information:

1. Graduate Institution: _____
2. Degree Name: _____ Degree Type: _____
3. Anticipated Graduation Date: _____
4. Undergraduate Institution: _____
5. Degree Name: _____ Degree Type: _____
6. Graduation Date: _____

Military Information:

1. Branch of Service: _____
2. Duty Status: Active Reserve Retired Civil Service
3. Rank (not pay grade): _____ Duty Station: _____
4. Dates of Service: _____ Date of Discharge: _____

Required Military Application Materials (please submit six collated sets (the originals plus five copies) of the following):

- An official transcript from a CACREP-accredited master's-level counseling program documenting current enrollment and good standing, completion of at least 18 semester hours, and a current course load of at least six credit hours.
- An official transcript from your undergraduate program.
- Documentation of current or prior military service. If prior, the documentation must demonstrate military service within the past five years and an honorable discharge.
- A student profile, curriculum vitae or résumé.
- A completed 2011 Military Scholarship Application Form
- A statement explaining your interest in the scholarship and your commitment to serving servicemembers and veterans upon graduation. If you are a resident of a rural or underserved community, please reference this in your statement. Please also include a statement confirming that you will apply for the NCC credential prior to graduation.
- If you have any criminal or professional disciplinary matters, include a written statement describing the circumstances and the final official documentation.

I certify that the information provided in this application is accurate to the best of my knowledge. I agree that the NBCC Foundation has the right to contact any person or organization regarding this application, and I authorize the release of any information requested by the NBCC Foundation to verify the accuracy of this application.

Applicant's Signature: _____