



# SOCIETY OF AMERICAN MILITARY ENGINEERS

EMERALD COAST POST  
OKALOOSA | SANTA ROSA | WALTON

# 2022

## VOCATIONAL SCHOOL SCHOLARSHIP ELIGIBILITY CHECKLIST

The Society of American Military Engineers (SAME) - Emerald Coast Post (ECP) is pleased to offer two \$1,500 scholarships to outstanding individuals pursuing a career path in a technical program at a vocational/trade school.

Since 2008, SAME-ECP has issued over \$165,000 in scholarships to deserving students on the Emerald Coast. This year, our organization will present \$9,000 in scholarships, with two of the scholarships going to any individual studying a construction craft/trade program in order to pursue a career in the construction industry.

### REQUIREMENTS

1. Any individual enrolled/enrolling in the fall of 2021 at a vocational/trade school to study a STEM craft/trade.
2. You or your parents must be Florida residents of one of the following counties: Okaloosa, Santa Rosa, or Walton
3. Submit completed application package to include:
  - SAME-ECP scholarship application
  - Short paragraph on your career goals and why you are the best applicant
  - Letter of recommendation from math or science faculty member, or advisor (if in school)
  - Letter of recommendation from employer (if not in school)
  - Copy of most current transcript showing GPA (if currently in school)

### SAME ECP SPONSORSHIP

Is your application sponsored by a SAME - Emerald Coast Post Member ? \*  
(i.e., individual member paying dues or employee of a Sustaining member of the Emerald Coast Post)

Please provide name, employer, and phone number of sponsoring individual below:

Name of Sponsor: \_\_\_\_\_

Sponsor's Employer: \_\_\_\_\_

Sponsor's Phone No: \_\_\_\_\_

*Sponsor shall provide a brief letter of recommendation as part of the sponsorship.*

\*SPONSORSHIP IS NOT REQUIRED TO APPLY. HOWEVER, SPONSORED APPLICANTS WILL BE GIVEN SOME PREFERENCE.

Any questions may be directed to Ms. Traci Dewar: [ctdewar@bellsouth.net](mailto:ctdewar@bellsouth.net)

### SEND COMPLETED PACKAGE TO:

Ms. Traci T. Dewar  
1954 Candlewood Drive  
Navarre, FL 32566

**MUST BE POSTMARKED NO LATER THAN 25 MAR 2022**



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VOCATIONAL SCHOOL SCHOLARSHIP APPLICATION  
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| PERSONAL DATA   |       |     |
|-----------------|-------|-----|
| LAST NAME       | FIRST | MI  |
| MAILING ADDRESS |       |     |
| CITY            | STATE | ZIP |
| HOME PHONE      | WORK  |     |
| EMAIL ADDRESS   |       |     |

| EDUCATION  |       |                 |        |
|--|-------|-----------------|--------|
| HIGH SCHOOL  |       | GRADUATION YEAR |        |
| GED  | DATE  | STATE           | NUMBER |
| COLLEGE(S) PREVIOUSLY ATTENDED (IF ANY)  |       |                 |        |
| 1.   | STATE | DATES           |        |
| 2.   | STATE | DATES           |        |
| WHAT IS YOUR CUMULATIVE (UNWEIGHTED) GRADE POINT AVERAGE? _____ (IF IN SCHOOL) |       |                 |        |
| WHAT VOCATIONAL SCHOOL WILL YOU BE ATTENDING?                                  |       |                 |        |
| WHAT TRADE/CRAFT ARE YOU PLANNING TO PURSUE?                                   |       |                 |        |
| WHAT LICENSE/CERTIFICATIONS ARE YOU PURSUING OR PLAN TO PURSUE?                |       |                 |        |

| SUPERLATIVES   |
|--|
| VOLUNTEER WORK, LEADERSHIP POSITIONS, EXTRACURRICULAR ACTIVITIES, HONORS, OR AWARDS WITHIN THE LAST TWO YEARS (LIST THE YEAR). LIMIT ITEMS TO 10 BULLETS MAXIMUM (ONLY FIRST 10 BULLETS WILL BE REVIEWED). FOCUS NOT ON QUANTITY, BUT ON IMPACT. |
| <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>  |



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APPLICANT NAME \_\_\_\_\_

| ENCLOSURE  |
|--|
| <b>To be included as part of this application package:</b>   |
| <input type="checkbox"/> COMPLETED SAME - EMERALD COAST POST SCHOLARSHIP APPLICATION                             |
| <input type="checkbox"/> SHORT PARAGRAPH ON YOUR CAREER GOALS AND WHY YOU ARE THE BEST APPLICANT                 |
| <input type="checkbox"/> LETTER OF RECOMMENDATION FROM MATH OR SCIENCE FACULTY MEMBER, OR ADVISOR (IF IN SCHOOL) |
| <input type="checkbox"/> LETTER OF RECOMMENDATION FROM EMPLOYER (IF NOT IN SCHOOL)                               |
| <input type="checkbox"/> COPY OF MOST CURRENT TRANSCRIPTS SHOWING GPA (IF IN SCHOOL)                             |

I hereby declare that I meet all minimal eligibility requirements to be considered for this scholarship. The information provided on this scholarship application is complete and accurate to the best of my knowledge. I further certify that, if awarded, I will use any money received under this scholarship only for expenses related to my vocational school education.

I hereby authorize and request the release of academic information to scholarship review committee members. I understand that this information will be used for the purposes of determining eligibility for the stated scholarship.

|                     |      |
|---------------------|------|
| APPLICANT SIGNATURE | DATE |
|---------------------|------|

**ENDORSEMENT:**

I have reviewed this application package and certify that the information contained is true to the best of my knowledge. The applicant is a student in good standing and of good character.

| ACADEMIC ADVISOR / ADMINISTRATOR / EMPLOYER           |       |
|---|-------|
| NAME  |       |
| TITLE   | PHONE |
| EMAIL ADDRESS   |       |
| ACADEMIC ADVISOR / ADMINISTRATOR / EMPLOYER SIGNATURE | DATE  |