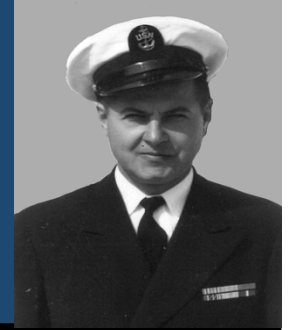


# Alexander Kreiglowa

## Navy & Marine Corps Dependents Education Foundation Scholarships



*Administered by the San Diego Council, United States Navy League*

Up to \$15,000/year for tuition, books, and academically related fees for a maximum of 4 years\*



### Eligibility:

Dependent child of active duty, retired, or deceased Naval Service (USN or USMC) resident in the state of California

Graduating High School Senior in the top 10% of class (if school ranks) or have a 3.6 cumulative GPA or higher (unweighted grades)

Evidence of acceptance for Fall (Immediately following High School Graduation) by an accredited 4-year college or university in the United States

At least 2 Letters of Recommendation

Demonstrated Financial Need

## San Diego Council

**Application Deadline: April 30th**



Full details on information, application instructions and testimonials go to;  
<https://navyleague-sd.com/education-info-testimonial/>

Or E-Mail;

to: [scholarships@navyleague-sd.com](mailto:scholarships@navyleague-sd.com)

cc: [vp@navyleague-sd.com](mailto:vp@navyleague-sd.com)

[executivedirector@navyleague-sd.com](mailto:executivedirector@navyleague-sd.com)

[cfo@navyleague-sd.com](mailto:cfo@navyleague-sd.com)

\*\*Scholarship does not cover costs for Room & Board.\*\*



## Alexander Kreiglowa Scholarship Program Instructions & Certification Sheet

### Application Submission Deadline (MIDNIGHT) April 30<sup>th</sup>

Submissions are accepted beginning January 1<sup>st</sup> through midnight of April 30<sup>th</sup>.

NOTE 1: If April 30<sup>th</sup> falls on a weekend, the Deadline moves to midnight of the first business day "AFTER" April 30<sup>th</sup>.

NOTE 2: When "Prior Year/s" is mentioned it refers to the Calendar year/s prior to the year of submission (Between January 1<sup>st</sup> and April 30<sup>th</sup> = Year of submission or Current year).

Don't wait until the last minute. Submitting early allows for time to correct errors or unexpected issues. Make sure your application package is complete. Check off each category of supporting documents as you add them to your package (See – "Check Off and Certification Sheet" below). Contact information for writers/submitters of letters of recommendation is required. Make sure you've blacken out or redacted sensitive information like social security numbers in the FASFA, tax returns and DFAS documents. Keep a copy of your application package.

E-Mail any questions to [scholarships@navyleague-sd.com](mailto:scholarships@navyleague-sd.com).

To submit via E-Mail: Please send your completed scholarship application package in PDF format to:

TO: [scholarships@navyleague-sd.com](mailto:scholarships@navyleague-sd.com)  
CC: [vp@navyleague-sd.com](mailto:vp@navyleague-sd.com)  
[executivedirector@navyleague-sd.com](mailto:executivedirector@navyleague-sd.com)  
[CFO@navyleague-sd.com](mailto:CFO@navyleague-sd.com)  
SUBJECT: SD NAVY LEAGUE SCHOLARSHIP APPLICATION – STUDENTS FIRST & LAST NAME

Letters of recommendation and official transcripts MUST be sent from the school and/or the official school E-Mail addresses of staff, counselors, and teachers if they opt to submit via E-Mail. The subject line should be listed as the example above. No exceptions. It is YOUR responsibility to make sure the submissions have been received by the deadline. If these documents cannot be sent electronically, they may be sent via U.S. Mail in official sealed envelopes and postmarked no later than April 30<sup>th</sup> (or as referred in NOTE 1 above).

To submit via U.S. Mail: A completed scholarship application package (hardcopy or USB drive) must be mailed and postmarked by April 30<sup>th</sup> (or as referred in NOTE 1 above) to the San Diego Council at the following address:

San Diego Council, Navy League of the United States  
2115 Park Boulevard  
San Diego, CA 92101  
Attn: Scholarship Chair

**\*\* DO NOT send application packages via Fedex/UPS/Express/Certified or attempt to hand deliver. \*\***

**\*\* The office is not open daily. Staff may not be present and there is no slot for envelopes. \*\***



## List of Required Supporting Documents

**\*\*Your application will not be complete without ALL supporting documents\*\***

**\*\*Incomplete applications will not be considered for financial awards\*\***

1. Check Off and Certification Sheet (Signed and Dated).
2. Complete Student Application Form.
3. Complete Student Worksheet Form.
4. Submit a one to two-page typed essay describing your college and future goals and what inspired you. Write what you like. You might include how life as a military dependent shaped your world view. You might discuss a particular hardship you endured, whether related to life as a military dependent or not. We want to learn about you. Grammar and spelling matter. Your essay should reflect both you and your GPA.
5. At least two letters of recommendation including contact information.
  - High School Counselor
  - Teacher
  - Employer
  - Life Mentor
  - Persons of influence
6. Official High School Transcript including GPA.
7. A copy of your official SAT and/or ACT scores must be included, if taken.
8. A copy of results for all AP Exams, if taken.
9. Financial documents:
  - Copy of signed FAFSA and both parents signed Federal Tax Returns for the prior year.
  - If your parents file a joint return, submit that.
  - If your parents file separate returns for any reason, a copy of BOTH returns must be submitted.  
**\*\* Please cross out/blacken social security numbers. \*\***
10. Proof of Service:
  - Active Duty - Leave and Earnings Statement
  - Retired - DD214
  - Deceased - DD1300  
**\*\* Please cross out/blacken social security numbers. \*\***
11. Letter of Acceptance from an accredited 4-Year College/University in the United States (For the Fall semester immediately following High School Graduation).
12. Special Circumstances Form (*only if applicable*): unusual/catastrophic medical and dental expenses, dependent care expenses, income reduction, job loss, unusual debts.
  - **Does not include mortgage/car loans.**
  - **This form is not a mandatory part of the application.**
  - **Complete only if circumstances of an unusual or catastrophic financial burden exist; Supporting documentation require.**
  - E-Mail any questions to [scholarships@navyleague-sd.com](mailto:scholarships@navyleague-sd.com).



## Check Off and Certification Sheet

**\*\*Must print, sign, date, and include this sheet with package\*\***

**Check Off** (Package Includes below checked items. See "List of Required Supporting Documents" for specifics/instructions)

- Student Application Form
- Student Worksheet Form
- Student Essay
- At least 2 Letters of Recommendation
- Official High School Transcript including GPA
- Copy of SAT and/or ACT Scores must be included, if taken
- Copy of results for all AP Exam, if taken
- Financial documents
- Proof of Service
- Letter of Acceptance from an accredited 4-Year College/University in the United States
- Special Circumstances Form (*Only if applicable*)

### **Certification**

The information listed on this application and any attached form is true and correct to the best of my/our knowledge. I understand it is my responsibility to submit all documentation required to support this application no later than the deadline of April 30<sup>th</sup> (or as referred in Instructions NOTE 1). I understand that knowingly giving false information will result in a review of my eligibility and any financial award I might receive\*.

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Signature of Student

Date

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Signature of Parent

Date

**\*The Alexander Kreiglowa Scholarship is good for up to \$15,000 per academic year for no more than four years to cover tuition, books and academic-related expenses only. It may not be used for room, board or housing. Recipients must maintain a course load of 12 or more units and a minimum GPA of 3.0 to remain eligible to receive/maintain the award, if selected.**

# Alexander Kreiglowa Scholarship Program - Application Form

(Please TYPE or PRINT all information clearly)

STUDENT INFORMATION									
	Name								
	Address								
	City				State			Zip Code	
	Home Phone				Cell Phone				
	Date of Birth				Email Address				
PARENT / LEGAL GUARDIAN INFORMATION									
	Father								
	Address								
	City				State			Zip Code	
	Phone				Email Address				
	Mother								
	Address								
	City				State			Zip Code	
	Phone				Email Address				
SERVICE INFORMATION									
	Name of Sea Service Member								
	Branch of Service				Dates of Service				
	Status (Circle One)	ACTIVE DUTY			Submit proof - Active Duty (Leave and Earning Statement)				
		RETIRED			Submit proof - Retired status/Retired-Deceased (DD214)				
		DECEASED			Submit proof - Deceased Active Duty Member (DD1300)				
<b>** Please ensure you cross out / blacken social security information on proof of status **</b>									
ACADEMIC INFORMATION									
	High School Name								
	High School Address								
	High School City				State			Zip	
	Guidance Counselor								
	Guidance Counselor Phone				Email				
	ACT/SAT scores (IF TAKEN)	Math			Reading			Total	
	# of AP Courses taken				# of AP Exam results of 3 or better				
	Cumulative GPA (unweighted)				Date of Graduation				
	Class Rank and Percentile if your school ranks students								
	Intended College Major / Course of study								

## Alexander Kreiglowa Scholarship Program - Student Worksheet Form

Student Name: \_\_\_\_\_

School Year: \_\_\_\_\_

Student to fill out for each Grade achieved and list in the adjacent box the activity if not listed. Use additional sheet if needed.						This Column for Official Use Only
Student Activities <small>(Place one "X" per activity for each Grade achieved)</small>	Grade 9	Grade 10	Grade 11	Grade 12		
<b>Student Government</b>						
	Student Government President					
	Student Government Officer					
	Student Government Member					
<b>Club/Team Member</b>						
	Academic					
	Drama					
	Debate					
	Foreign Language					
	Newspaper / Yearbook					
	School Play					
	Other (List) ->					
	Other (List) ->					
<b>Club/Team - Team Captain</b>						
	List Team ->					
	List Team ->					
	List Team ->					
	List Team ->					
<b>Peer Tutoring</b>						
	List Subject ->					
	List Subject ->					
<b>Organizations</b>						
	Scouts / Sea Cadets					
	JROTC					
	Other (List) ->					
<b>Organization - Leadership</b>						
	Company Commander					
	Leading Petty Officer					
	Other (List) ->					
<b>Community Service / Volunteer</b>		(List TOTAL Hours per school Year)	TTL HRS 9th	TTL HRS 10th	TTL HRS 11th	TTL HRS 12th
	List Service ->					
	List Service ->					
	List Service ->					
	List Service ->					
<b>Student Job / Work</b>		List POC and Phone # below	TTL HRS 9th	TTL HRS 10th	TTL HRS 11th	TTL HRS 12th
	List Job ->					
	List Job ->					
	List Job ->					
	List Job ->					
<b>Music / Dance</b>		(Choir-Band-Orchestra-Show Band/Choir-Dance & "X" each year)	<b>Grade 9</b>	<b>Grade 10</b>	<b>Grade 11</b>	<b>Grade 12</b>
	List activity ->					
	List activity ->					
	List activity ->					
	List activity ->					
	List activity ->					
<b>Sports</b>		(Football-Baseball-Track-Swimming-Lacrosse-Cheerleading & "X" each year)	<b>Grade 9</b>	<b>Grade 10</b>	<b>Grade 11</b>	<b>Grade 12</b>
	List sport ->					
	List sport ->					
	List sport ->					
	List sport ->					
	List sport ->					
	Team Captain					
	Team Captain					

# Alexander Kreiglowa Scholarship Program - Special Circumstances Form

**\*Please TYPE or PRINT all information clearly\***

<b>Student's Name</b>				
<b>Parent's Name</b>				
<b>Application Information</b>				
<p>This is an OPTIONAL Form and is NOT required to apply for the scholarship. If you and your family have experienced unusual circumstances, complete this form to the best of your ability and provide the requested documentation with your package. We will review your information and take in into account under financial need. This is not an all inclusive list. If you have experienced a hardship that is not listed here, provide us with as much detail as possible on how the situation has affected you financially, either in terms of income loss or additional expenses. <b>BE SURE TO NOTE THE DATE.</b></p>				
<b>1. Dependent Care Expenses</b>				
Name of Family Member/s	Age	Relationship to Student	Amount	Type of Expense
Please explain if these expenses will be lower, the same, or higher in current submission year and why.				
<b>Attach required Documentation to support Dependent Care Expenses</b>				
Prior year receipts for child care/dependent care expenses or signed itemized statement of expenses for prior year as well as current submission year expensee.				
<b>2. Unusual Medical and/or Dental Expenses</b>				
Amount paid for medical/dental insurance in prior year. <b>DO NOT include employer's contribution.</b>				\$
Amount paid for medical/dental expenses in prior year. <b>NOT COVERED BY INSURANCE.</b>				\$
Will your non-reimbursed medical/dental expenses be lower, the same, or higher in current year? And why?				
<b>Attach required Documentation to support Medical / Dental Expenses</b>				
Signed prior year Federal Income Tax Form (Schedule A - Itemized Deductions), or receipts of medical and dental payments from prior year.				
Signature (below) of person for which medical information is being disclosed if over the age of 17.				
I hereby authorize the use of disclosure of my individually identifiable health information to the Scholarship Committee of the San Diego Council of the Navy League as described in documentation that I have voluntarily submitted. This information, which will be held for a period of one year, is being disclosed to the Scholarship Committee for the sole purpose of documenting special circumstances. At any time, I have the right to revoke this authorization prior to its expiration date by notifying the Committee in writing, but the revocation will not have any affect on any actions the Scholarship Committee took before it received the revocation.				
Signature			Date	

**3. Income Reduction**

If your income and/or your parent's income will be less on your current year Federal Income Tax Return than it was on your prior year return, check the appropriate reason and explain the situation below. Submit an income estimate for the current year and the reason why.

- Unemployment or change in employment
- Divorce or Separation
- Disability of student or parent
- Death of parent
- Natural Disaster
- Loss of untaxed income or benefit
- One time income - inheritance, moving expense allowance, IRA or pension distribution

**EXPLANATION - Of your situation, including dates of the change in your situation.**


**INCOME and Earnings on prior Tax Return and Estimate of TOTAL INCOME for Current Year.**

	Father Prior / Current Year	Mother Prior / Current Year	Student Prior / Current Year
Wages, salaries, tips, severance pay, unemployment, disability pay			
Other taxable income (rentals, pensions, etc. as reflected on your tax return)			
ADC / AFDC (Annual estimate)			
Child Support received (Annual estimate)			
Other untaxed income (Social Security, housing, etc.)			

If your parents are divorced or separated, give only the information of the custodial parent. If the loss of income was due to the death of your parent, give only the information of the surviving parent.

**Attach required Documentation to support Income Reduction Expenses**

Signed statements documenting estimated earnings or verification of actual Social Security, unemployment benefits, workers' compensation benefits, disability payments, or signed prior year Federal Tax Return or BOTH Parents. ***\*Please cross out/blacken social security numbers.***

**4. Unusual Debts**

Use this section to address high debt payments that were a result of unusual circumstances, such as credit card debts to cover unemployment expenses or failed business; legal fees for divorce, adoption, etc; education loans of parents; or personal debts for non-discretionary expenses. Please do not include normal debt expenses such as a mortgage.

**List the type and purpose of the debt, total amount owed, and the amount of monthly payments.**

Type or Cause of Debt	Original Debt	Amount Owed	Monthly Payment

Please explain if these expenses will be lower, the same, or higher in current submission year and why.

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**Attach required Documentation to support Unusual Debt Expenses**

Contract; billing or payment summary from the individual, company, or agency to which the money is owed.