

SCHOLARSHIP APPLICATION
The Brigadier General Donald B. Wagner, USAF, MSC
Perpetual Scholarship Fund

Applications can be sent any time after the end of March and are due by June 1.
Send your application and support material to: BG Wagner Scholarship
Application, C/O Col John Lake, 7830 Moss Brook Dr, San Antonio TX 78255.

NAME _____ DATE OF BIRTH _____
ADDRESS _____ TELEPHONE _____
_____ SOCIAL SECURITY NO. _____

SPONSOR

NAME _____ RANK _____
ADDRESS _____ SSAN _____
_____ TELEPHONE _____

CIRCLE STATUS: Active Duty Reserve Air National Guard Retired/Deceased

ACADEMIC DATA

HIGH SCHOOL

NAME OF SCHOOL, CITY, STATE _____
GRADE POINT AVERAGE (4.0 Scale) _____
CLASS STANDING/TOTAL CLASS SIZE _____
EXTRA CURRICULAR ACTIVITIES AND OFFICES HELD:

COLLEGE/UNIVERSITY

NAME OF SCHOOL, CITY, STATE _____
GRADE POINT AVERAGE (4.0 Scale) _____
SEMESTER/QUARTER HOURS COMPLETED (Circle one) _____
MAJOR/MINOR SUBJECT AREA _____
EXPECTED GRADUATION DATE _____

EXTRA CURRICULAR ACTIVITIES, OFFICES, HONORS

FINANCIAL DATA

HOW WILL YOUR OTHER TUITIONS/FEEES AND EXPENSES BE PAID?

OTHER DATA

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION

- LETTERS OF ACCEPTANCE TO COLLEGE, IF A HIGH SCHOOL SENIOR
- COPY OF HIGH SCHOOL TRANSCRIPT
- MOST RECENT COLLEGE TRANSCRIPT
- A SHORT LETTER DESCRIBING YOUR ACADEMIC AND CAREER GOALS
ADDRESSED TO THE SCHOLARSHIP COMMITTEE

STATEMENT

I certify that I meet eligibility requirements for the application for a Wagner Scholarship Fund Grant. I will faithfully pursue degree attainment in Health Services Management or related field and ensure the college/University provides grade/status reports directly to the Wagner Scholarship Fund. I understand that failure to complete degree requirements or to ensure grade/status report submission may result in my having to repay any monies received from the Wagner Scholarship Fund. Signature below authorizes publicity release.

SIGNATURE OF APPLICANT

DATE

SOCIAL SECURITY NUMBER