**APPLICATION INSTRUCTIONS**

Your three (3) hand signed letters of recommendation may be included with your application or mailed directly to: **MAMOSF, 3066 Zelda Road, PMB 392, Montgomery, AL 36106**.

Official transcripts of academic records should be sent by your school directly to the same address or may be included with your application if they are in a sealed envelope from your school.

ALL sections of this form, including the personal essay must be completed, either typewritten or in **legible** handwriting. The application in Microsoft Word is available at: <http://www.macmoaa.org/home/scholarship/>.

For legibility reasons, applicants are ***strongly encouraged*** to ***complete by typing***. The application is in Offcie365/Word and is formatted to expand as needed. Additional pages can be added if needed.

Our foundation funds the scholarships from a variety of sources including grants. To help us apply for these grants, we ask you complete a brief demographic survey at the end of the application. This survey is NOT part of the scholarship evaluation. It is strictly voluntary, but your cooperation will help us continue this program by collecting demographic data.

*BEFORE YOU MAIL YOUR APPLICATION…*

* Be sure all information requested has been provided
* Run a spell check
* ***Hand sign*** the application ***and*** essay (not just your typed name)
* Be sure you have requested your official transcript to be sent to MAMOSF and reflect grades including fall 2025 semester
* Be sure all of your references know their ***hand signed*** letters must be received by the   
  February 15, 2026 deadline
* It is your responsibility to ensure all required documents are received before the February 15, 2026 deadline.
* **Do not return the cover letter or this page with the application**

**Montgomery Area Military Officers Scholarship Foundation (MAMOSF) Application**

Application must be completed in its entirety and ***receive***d no later than **February 15, 2026** at:

MAMOSF  
3066 Zelda Road, PMB 392  
Montgomery AL 36106

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Do NOT write in any of the shaded areas.** | | | | | | | | |
| Student Name |  | | | | SSAN  (last 4 only) | |  | |
| Student Email |  | | | | Date of Birth | |  | |
| Student Gender (Male or Female) | | | | |  | | | |
| **Male Only:** If over 18, registered for Selective Service? (*If* ***YES****) include copy with application* | | | | |  | | | |
| Home Phone |  | | | | Cell Phone | |  | |
| Full Mailing Address  (current residence) | | |  | | | | | |
| Current High School and complete Mailing Address | | |  | | | | | |
| Expected Date of High School Graduation | | |  | | | | | |
| Parents or Guardian’s Names | | |  | | | | | |
| List additional members of household currently enrolled in school and their current grade | | | Name(s) | | | | Grade(s) | |
|  | | | |  | |
| Name of College/University where you have Applied *but not yet* Accepted | | | |  | | | | |
| Name of College/University where you been **Accepted** | | | |  | | | | |
| School you ***Will Attend***? | | | |  | | | | |
| Expected Term When You Will Enroll | | | |  | | | | |
| Your intended Major area of studies | | | |  | | | | |
| List all leadership positions held in high school: | | | | | | | | |
|  | | | | | | | | |
| List extracurricular activities: | | | | | | | | |
|  | | | | | | | | |
| List athletic accomplishments: | | | | | | | | |
|  | | | | | | | | |
| List your community activities: | | | | | | | | |
|  | | | | | | | | |
| List all honors and awards you have received: | | | | | | | | |
|  | | | | | | | | |
| What is your educational objective and/or planned area of concentration? Explain why you have chosen this. | | | | | | | | |
|  | | | | | | | | |
| List any information or circumstances the selection committee should consider in evaluating your application: | | | | | | | | |
|  | | | | | | | | |
| List any affiliation with the military you have had, or currently have (i.e., JROTC, military dependent, parent/grandparent military service, etc.) | | | | | | | | |
|  | | | | | | | | |
| List any member of your immediate family (parent, sibling, or grandparent) with membership in a River Region Chapter of a Veterans service organization (*i.e., American Legion, VFW, MOAA, Marine Corp League, etc*.). Please identify which Chapter/Post they are affiliated with. | | | | | | | | |
|  | | | | | | | | |
| Name and Mailing Address  Character Reference #1 | |  | | | | | | |
| Name and Mailing Address  Character Reference #2 | |  | | | | | | |
| Name and Mailing Address  Character Reference #3 | |  | | | | | | |
| I certify the information in this application is accurate and valid | | | | | | | | |
| Signature: |  | | | | | Date: | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student Personal Essay:  Please state in 300 words or less, why you wish to apply for this scholarship. | | | |
|  | | | |
| Signature: |  | Date: |  |

*(Provide this page to each of your three Character references)*

**MAMOSF Scholarship Character Reference   
(Three Required)**

Your name has been given as a reference by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give your observation of the applicant’s character and morals. Additionally, please give your opinion on the applicant’s capability, dependability, suitability and drive to further his/her education. You may use this form or a separate page. If the letter is done on a separate page this form does not need to be returned. Please return your ***hand signed*** letter to be received no later than **February 15, 2026** to:

**MAMOSF  
3066 Zelda Road, PMB 392  
Montgomery AL 36106**

**Demographic Survey**

Our foundation funds the scholarships from a variety of sources including grants. To help us apply for these grants, we ask you to complete this brief survey.

This survey is **NOT** part of the scholarship evaluation, and will not be forwarded to the evaluation board.

It is strictly voluntary, but your cooperation will help us continue this program by collecting demographic data that help us with obtaining additional grant funding.

**Do NOT put your name on this page**

**Gender:**

* Female
* Male
* Other
* Prefer not to answer

**Ethnicity:**

* African American
* Asian American
* Hispanic
* Native American (including Alaskan Native)
* Pacific Islander
* White
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Size (please enter a number):**

\_\_\_\_\_\_\_Adults (over 18)

\_\_\_\_\_\_\_Minors (under 18)