



Updated August, 2019

**27th Annual  
MILITARY FAMILY SUPPORT TRUST  
SCHOLARSHIPS**

**Formerly known as Military Officers' Benevolent Corporation  
1010 American Eagle Blvd., #400, Sun City Center, FL 33573  
813/634-4675  
www.mfst.us**

**MFST will award 16 Scholarships  
April, 2020**

**Application is available online at [www.mfst.us](http://www.mfst.us) or at the Military Family Support Trust (MFST) Corporate Office, 1010 American Eagle Blvd., #400, Sun City Center, FL 33573.**

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**I. ELIGIBILITY**

**A. MILITARY ELIGIBILITY:**

Students whose parent, guardian, grand or great-grandparent meet one of the following criteria:

1. A Retired, Active Duty, National Guard, and Reserve Officer, or a Former Officer of the US Army, Navy, Marine Corps, Air Force, Coast Guard, Public Health Service, National Oceanic and Atmospheric Administration, i.e. Officers (O-1 thru O-10), Warrant Officers (WO-1 thru WO-5) and Non-commissioned Officers (E-5 thru E-9). See Counselor, or call the Military Family Support Trust office if you have a question about your eligibility before you apply.
2. An Officer who died while on active duty in the service of his/her country.
3. All recipients of the PURPLE HEART no matter their pay grade or length of service.

4. A WWII Combat Veteran of the Merchant Marine who is recognized by the Veterans Administration.
5. An Honorably Discharged or Retired Foreign Military Officer of an Allied Nation meeting the service and disability retirement criteria of his/her respective country and living in the US.
6. Cadets in FL MFST JROTC Honors Program participating in school's special program.

**B. APPLICANT ELIGIBILITY:**

1. Must be a High School Senior.
2. Must have the recommendation of his/her principal.
3. Must have achieved a minimum score of 21 on the ACT or 1,000 on SAT, and have a GPA of 3.00 on a 4.00 grading scale. (Other test scoring not acceptable.)
4. Must demonstrate superior leadership skills in school and/or community activities.
5. Must possess moral and character attributes worthy of scholarship candidates.
6. Must present proof of college enrollment and formal acceptance in an accredited program before funds will be released to the applicant.
7. Must maintain a "B" average (3.0 on a 4.0 scale) throughout the term of the scholarship, being re-certified annually for college attendance. Failure to do so will result in probation for one (1) semester. If a "B" average is not later maintained, such failure will result in disqualification and forfeiture of the unused portion of the scholarship.

## II. INSTRUCTIONS:

### A. GENERAL INSTRUCTIONS

This application is for high school seniors **ONLY**.

1. Before completing any portion of this application, **please make absolutely certain** that you are eligible. (See eligibility section, page 1 and 2)
2. All applicants must be desirous of attending a four-year college, two-year junior college or trade school in the United States. Awards are issued based on leadership, scholarship, and need without regard to sex, race or creed.
3. MFST Scholarships, which range from \$2,000 to \$12,000, are paid directly to the scholarship recipient over a four-year period. For example, a \$2,000 scholarship will be disbursed over four years at \$500 per year. Payments will generally be made in the July time frame. After the freshman year, payments will only be made following receipt of a transcript for the previous year which indicates the student has obtained a “B” average. If the “B” average has not been obtained, the student will be placed on MFST academic probation for one academic year and half of the scholarship amount will be paid. If an overall “B” average has once again been earned, or if substantial progress has been shown, the probation will be lifted and the balance of the yearly scholarship amount paid at the end of the semester. Extenuating circumstances will be dealt with on a per case basis. A transcript will be required to substantiate the academic standing.
4. Custodial Parent: If your parents are divorced or separated, answer the questions for the parent you lived with the most in the last 12 months. For example, if you lived with your mother more than your father, you would count your mother. If you lived with your father instead of your mother, you would count your father. If you lived with both parents an equal number of days in the past 12 months, you would count the parent who provided you with the greatest amount of support. Support would include material as well as financial help. Material things would include cars, clothing, medical and dental payments, etc. If that parent married or remarried, you must also include the stepparent’s information (if applicable as to their contribution).
5. The scholarships will be distributed in increments respectively during each of the four years of undergraduate education. This may include two years of junior college or trade school. The award is subject to review prior to the commencement of each academic year, and will be governed by the academic information specified in the student’s pledge, and any unexpended credit is also subject to the individual’s personal behavior at college relative to the principles of law and order and morality supported by the Military Family Support Trust.
6. All scholarships are in the form of certificates of award issued by the Office of the Military Family Support Trust, conditioned upon the enrollment of the student in an

undergraduate four-year or less degree program in an accredited college or university, community college, or trade school located in the US.

B. SPECIFIC INSTRUCTIONS FOR THE APPLICANT:

1. **Application must be mailed and postmarked by FEBRUARY 1, 2020.**

2. Complete application and supporting paperwork **must** be arranged in the order specified. Typewritten application and statements are preferred. Handwritten submissions, if no other means are available, must be printed clearly in black ink.

3. You will be evaluated on your ability to follow directions, neatness, and appearance. **Do not forfeit valuable points by being negligent.**

4. Applicant must use the official Military Family Support Trust form obtained from the MFST office, your counselor's office or a form may also be downloaded from [www.mfst.us](http://www.mfst.us). **The form must be dated and signed by the student, the principal, and parent(s) or guardian.** Application forms may be copied for other students in your area.

5. Applications and all supporting documents must be in English or English translation.

6. The application **must be arranged** in the order described below, using only **one side of paper.**

7. Applicants will be judged according to:

**Leadership**

a) Leadership Activities: Carefully plan a response to each item before preparing final draft. Use "1" for freshman year of school and "2", "3", and "4" for subsequent years to identify appropriate scholastic, extra-curricular and civic activities. Secure all required dates. **Be careful not to duplicate listing of activities and /or awards.**

b) Student Essay. The applicant must prepare a one-page essay of 400-600 words, preferably typed, single-spaced as to his/her professional goal and relate how past, present, and future activities make the accomplishment of this goal probable.

State your plans for enrollment in an accredited American college or university.

Credit your involvement in Volunteer Organizations and positions held in gainful employment.

c) Student Scholarship Agreement. Applicant, and parent(s) or legal guardian must sign and date.

## **Scholarship**

a) High School Transcript. Applicant must submit an official high school transcript of student grades from the beginning of the 9<sup>th</sup> grade to due date of application. The transcript may be photocopies that bear an original signature of the proper school authority.

b) SAT and/or ACT test scores for college entrance must be included but may be photocopies.

c) Recommendation Letters. Application must include current dated and signed one-page letters of recommendation from at least one official from the high school attended by the applicant, but not totaling more than three. Letters may cover the applicant's ability, work habits, leadership, personality and integrity. Recommendation letters may be originals or photocopies on one side of single sheet of 8.5"x11" paper signed by the author.

d) Letters of Endorsements. At least one letter of endorsement from responsible community (non-school) persons. These persons should not be related to the applicant. They should be capable of reporting the skills and applicant's participation in the community in terms of work service, leadership, notable skills and outstanding recognition. Each letter of recommendation must be signed.

## **Financial**

a) Parents Financial Analysis. The Parent(s) financial statement must be notarized. Typewritten applications and statements are preferred over handwritten submissions and must be signed in all instances. A signed copy of the first two pages of the parent's/guardian's latest Federal tax return (1040) must accompany this application. Financial data will be kept confidential to the Scholarship Committee and the Trustees.

b) The parent/guardian must prepare a statement of 300 words or less summarizing the family's obligations and resources. The parent statement should illustrate the applicant's worthiness for consideration.

c) The statement should also include a brief summary of his/her qualifying relative's service history, such as name, relationship, grade, branch of service, length of service, type of discharge, units served with overseas service, etc. Items such as Form DD214 or similar military records plus news articles or pictures are beneficial in verifying service history. The qualifying relative must be a parent, guardian or grandparent. The following sentence must be included:

“I verify that the student has a military service relative who qualifies him/her to apply for a MFST scholarship.” The statement must be signed.

8. Other

a) Copies of exhibits of achievement in scholarship, leadership, athletics, dramatics, community service or other activities may be attached.

b) Continuation sheets may only be used where needed.

c) Space provided in the MFST form must be used first. Only then may additional sheets conforming to specified sequential categories be identified and added.

9. Failure to comply with all aspects of the MFST application will result in application being returned for corrections. Due date of February 1, 2020 will still apply.

10. After completing this application, make a copy for your records. All applications become the property of the Military Family Support Trust.

**NOTE: If selected, you will be required to submit a 2 ½” x 3 ½” picture of yourself for use in MFST’s newsletter and Web Site articles concerning your achievement . It is suggested that a copy of your graduation picture be used for this purpose.**

**Checklist:**

- \_\_\_\_\_ Principal, student signatures
- \_\_\_\_\_ Student essay
- \_\_\_\_\_ Student agreement
- \_\_\_\_\_ High School transcript
- \_\_\_\_\_ SAT/ACT scores
- \_\_\_\_\_ Parent 1040 (most recent completed)
- \_\_\_\_\_ Parent Financial Analysis
- \_\_\_\_\_ Parent Statement
- \_\_\_\_\_ Relative military rank – proof of

# MILITARY FAMILY SUPPORT TRUST

Formally known as MILITARY OFFICERS' BENEVOLENT CORPORATION

1010 American Eagle Blvd. # 400, Sun City Center, FL 33573

Office Telephone: 813/634-4675

Website: [www.mfst.us](http://www.mfst.us)

## APPLICATION OF REQUIRED FACTS

Student Scholarship Award Offer  
BASED ON LEADERSHIP, SCHOLARSHIP AND FINANCIAL NEED  
For the 2020 MFST Awards

**IMPORTANT:** Before preparing this application, it is recommended that the instructions outlined on pages 3-6 be carefully studied and the application completely executed. Applications **must be filed** with the Military Family Support Trust office and **post marked by February 1, 2020.**

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Permanent Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Place of birth: \_\_\_\_\_

Citizenship: US \_\_\_\_\_ Naturalized \_\_\_\_\_ Date \_\_\_\_\_

Place: \_\_\_\_\_

If not a US citizen, what is your country of birth and citizenship? \_\_\_\_\_

Schools attended (ninth through twelfth grades)

Name of School	Date of Entrance	Period Attended
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Name of School	Date of Entrance	Period Attended
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Date will graduate \_\_\_\_\_ Number in Class \_\_\_\_\_

Rank in Class \_\_\_\_\_ GPA \_\_\_\_\_

Name/Grade/Address/Telephone/Relationship of Qualified Relative

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Contact name for local newspaper if publicity desired:

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DATE:  
\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**MUST HAVE PRINCIPAL'S ENDORSEMENT TO BE ACCEPTED FOR JUDGING**

The Principal last having supervisory responsibility for the applicant is asked to sign the endorsement, certifying that he has reviewed the application and verifies the accuracy of the statements as they pertain to the High School academic standing and activities of the student. Applications should not be endorsed if they do not reflect the student's situation as understood by the Principal.

This application, with attached exhibits, has been reviewed by me, and to the best of my knowledge and belief (does) (does not)\* accurately set forth the High School record of:

\_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Principal

\*Note: If it does not meet with the Principal's approval, it should be returned to the student, or forwarded through the counselor with a letter of explanation to the President of the MFST.

Name of Student's Counselor at Time of Application

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Telephone Number of Student's Counselor \_\_\_\_\_



**LEADERSHIP ACTIVITIES**

**HONORS AND AWARDS**

**Indicate high school year by (1), (2), (3), (4).**

School & Non-school Related Activities.

**State nature of honor or award and year** ( i.e: National Honor Society 3,4, Eagle Scout, 3)

- a. \_\_\_\_\_ b. \_\_\_\_\_
- c. \_\_\_\_\_ d. \_\_\_\_\_
- e. \_\_\_\_\_ f. \_\_\_\_\_
- g. \_\_\_\_\_ h. \_\_\_\_\_
- i. \_\_\_\_\_ j. \_\_\_\_\_
- k. \_\_\_\_\_ l. \_\_\_\_\_

**OFFICES AND POSITIONS HELD**

**Indicate high school year by (1), (2), (3), (4).**

School & Non-School related

**State organization, position name and year** ( i.e: Team Captain 4, Editor 3,4)

- a. \_\_\_\_\_ b. \_\_\_\_\_
- c. \_\_\_\_\_ d. \_\_\_\_\_
- e. \_\_\_\_\_ f. \_\_\_\_\_
- g. \_\_\_\_\_ h. \_\_\_\_\_
- i. \_\_\_\_\_ j. \_\_\_\_\_
- k. \_\_\_\_\_ l. \_\_\_\_\_

MEMBERSHIP - NO OFFICE HELD

**Indicate high school year by (1), (2), (3), (4).**  
School & Non-School related

**State Organization, name and year** ( i.e: Choir 1,2,3,4, Soccer 3,4)

a. \_\_\_\_\_ b. \_\_\_\_\_

c. \_\_\_\_\_ d. \_\_\_\_\_

e. \_\_\_\_\_ f. \_\_\_\_\_

g. \_\_\_\_\_ h. \_\_\_\_\_

State your plans for enrollment in an accredited American college or university.

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Have you been offered scholarship aid? Yes \_\_\_ No \_\_\_ If so, give details.

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Do you intend to apply for financial aid at the college you plan to attend? Yes \_\_\_ No \_\_\_  
If so, give details.

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Have you reason to expect scholarship aid from any other source? Yes \_\_\_\_\_ No  
If so, give details.

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**Volunteer Organizations: Specify Hours (one time, weekly, monthly, annually)**

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**Positions held in gainful employment, each year of employment, average time employed.**

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Is there anything else you might like the Selection Committee to know about your financial need or worthiness as it reviews your application? (Please do not hesitate in presenting anything you believe would be helpful to the Committee in making its decision concerning the offering of a scholarship to you. (Please be brief.)

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**STUDENT SCHOLARSHIP AGREEMENT**

I, \_\_\_\_\_, understand that the awarding of this scholarship is predicated on my acceptance as a student in a college program, and that my annual receipt of funds will depend on my continued participation in this program. I understand that subsequent receipt of annual funding will depend on my maintenance of a “B” average (3.0 on a 4.0 scale) academic standing throughout the term of the scholarship. Failure to maintain a “B” average in one academic year (two semesters) will result in probation for the following semester. If I do not attain a “B” average by the end of the one academic year (two semesters), or if I cannot show that substantial progress has been made, disqualification and forfeiture of the unused portion of the scholarship will result. Extenuating circumstances will be dealt with on a per case basis.

Furthermore, I understand that any act or activities on my part that would not reflect favorably upon myself, the college or the Military Family Support Trust Scholarship program will be grounds for my termination.

I will strive to master these skills to the best of my ability. I understand that it is my responsibility to see that the information (transcripts, reports, etc.) requested by the Scholarship Committee is provided at the end of the academic year throughout the term of my scholarship.

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(Signature of Applicant) (Signature of Father, or Legal Guardian)

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(Date) (Signature of Mother, or Legal Guardian)

**PARENTAL FINANCIAL ANALYSIS**

**(This information is confidential to be used by the Scholarship Committee only.)  
(Indicate N/A rather than leave a space blank.)**

Father's Name ( ) \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_

Stepfather's Name ( ) \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_

Mother's Name ( ) \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_

Stepmother's Name ( ) \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_

Parents' Marital Status: Mother: Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
Remarried\* \_\_\_\_\_

Father: Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried\* \_\_\_\_\_

**\*Note: If you checked remarried, please include stepparent's income (if applicable) in the appropriate section and read our instructions concerning custodial parent. Whenever the word "parent" (mother or father) is used, it also means "stepparent."**

A. Father's ( ) 2019 annual income (earned from work) \$ \_\_\_\_\_ (A)

Stepfather's ( ) \$ \_\_\_\_\_ (A)

B. Mother's ( ) 2019 annual income (earned from work) \$ \_\_\_\_\_ (B)

Stepmother's ( ) \$ \_\_\_\_\_ (B)

C. Other taxable income from parent(s) 2019 IRS 1040 (all schedules)

\$\_\_\_\_\_ (C)

**NOTE: If 2019 1040 returns have not yet been filed, 2018 1040 returns may be used.**

D. Parent(s) adjusted gross income from 2019 – 1040 (bottom line first page) \*\*

\$\_\_\_\_\_ (D)  
(A+B+C)

E. All non-taxable income not included above\*\*\* (including pensions, IRA/Keogh, Social Security/disability benefits, child support, rent-free housing, etc.)

\$\_\_\_\_\_ (E)

\*\*\*For Social Security Only – Report benefits for parent(s) and other siblings: Do not include benefits received by applicant.

F. GROSS INCOME

\$\_\_\_\_\_ (F)  
(D + E)

G. Dependent children.

\_\_\_\_\_ (G)

H. Number of dependent children attending college during the 2020-2021 on a full time basis (**including applicant**)

\_\_\_\_\_ (H)

I. 2018 Medical Expenses **not paid by insurance.**

\$\_\_\_\_\_ (I)

**Renting** Yes \_\_\_ No \_\_\_

**Quarters provided** Yes \_\_\_ No \_\_\_

J. Total Market Value of Home this Year.

\$\_\_\_\_\_ (J)

K. Amount of unpaid Mortgage.

\$\_\_\_\_\_ (K)

L. Home Equity

\$\_\_\_\_\_ (L)  
(J - K)

M. Market Value of Farm and/or Business

\$\_\_\_\_\_ (M)

N. Mortgage on Farm or Business \$ \_\_\_\_\_(N)

O. Farm or Business Equity - % of Ownership \_\_\_\_\_  
 \$ \_\_\_\_\_ (O)  
 (M + N)

P. Value of Bank Accounts \$ \_\_\_\_\_(P)

Q. Value of Other Investments (CD's, stocks, bonds, etc.) \$ \_\_\_\_\_(Q)

R. Value of Rental Property \$ \_\_\_\_\_(R)

S. Total Value of Net Assets \$ \_\_\_\_\_(S)  
 (L+ O +P +Q +R)

**NOTARY AFFIDAVIT:**

Date: \_\_\_\_\_, 20\_\_\_\_ Signed By: \_\_\_\_\_  
 Father/Stepfather

Signed By: \_\_\_\_\_  
 Mother/Stepmother

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me,

\_\_\_\_\_, the undersigned officer,

personally appeared \_\_\_\_\_ known to me or satisfactorily proven to be the person(s) whose name(s) is (are) subscribed to the within and foregoing document and acknowledge that \_\_\_\_\_ he, and/or \_\_\_\_\_ she, executed the same for the purposes therein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal

\_\_\_\_\_

Signature: \_\_\_\_\_

Notary Public

Stamp/Seal

My commission expires \_\_\_\_\_, 20\_\_\_\_

