



# TOSC Continuing Education Scholarship Application 2025

## General Information

1. The Scholarship Committee is comprised of members representing the Team Osan Spouses' Club (TOSC), Osan Air Base. The Scholarship Committee and their dependents are not eligible to apply for this scholarship.
2. The Scholarship Committee invites individuals from the community to judge the essays. Judges and their dependents are not eligible to apply for the scholarship.
3. The applicant is responsible for gathering and submitting all necessary information and official documents. Applications are evaluated on the information supplied. Answer all questions completely. Give specific dates when required. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**
4. The Scholarship Committee determines eligibility and selection criteria. Criteria may include all or some of the following: academic achievement, essay, honors, athletics, community service, and work experience. Financial need is not taken into consideration.
5. The Scholarship Committee determines the number of scholarships to be awarded and the monetary value of each scholarship based on available funds and the analysis of scores. Submission of application does not guarantee a scholarship.
6. Awards are granted without regard to race, gender, ethnicity, religion, or disability.
7. Applicants will be notified in writing of the results.
8. Direct inquiries via email to the Scholarship Chair at [generalwelfare@teamosansc.com](mailto:generalwelfare@teamosansc.com). All applicants must use direct communication with the Scholarship Chair through their personal email.
9. Any external parties will not be provided any information about the applicant or application.

## Eligibility

Each applicant must meet the following requirements:

1. Any Active Duty/Retired Military, DoD Civilian, United States Embassy and Invited Contractor, or their dependents assigned to, or affiliated with, Osan Air Base between 1 July 2024 and 31 March 2025. The dependent is also eligible if the member became deceased while assigned to Osan Air Base and the dependent remained in the Osan area.
2. The applicant must be studying at an accredited college, university, or training program in the August 2025- July 2026 academic year.
3. Applicant and Sponsor must possess a valid Military/DoD Identification Card. If active duty, applicant is their own sponsor.
4. Grade Point Average (GPA) eligibility based on a 4.0 scale.
  - a. If the applicant is currently or was a prior student at a university or college, the applicant must provide a cumulative GPA from their most recent accredited institution.



Applicant's last 4 digits of SSN \_\_\_\_\_

# TOSC Continuing Education Scholarship Application 2025

- b. If the applicant is currently or was a prior student at a university or college within the last five years, their cumulative GPA must be 2.5 or greater.
- c. If the applicant has not been previously enrolled in university or college, then the applicant must provide a copy of their high school diploma or GED

## Limitations

1. Scholarship funds are to be used by 1 June 2026.
2. Scholarship funds awarded may be used for tuition, fees, room and board, certifications and/or books.
3. Funds will not be sent until the student provides proof of enrollment to a qualified program.
4. The scholarship award must not exceed the cost of tuition, fees, room and board, and books for the academic year. Any remaining funds must be returned to the TOSC Scholarship Committee.
5. Students accepting an appointment to a military service academy or a FULL scholarship (to include tuition, fees, room and board, and books) become ineligible for this TOSC scholarship award.
6. Students accepting the GI bill or a scholarship from another military officers'/enlisted spouses' organization that pays the FULL tuition, fees, room and board, and books will be ineligible for this scholarship.

## Application Instructions

1. Print legibly in black ink or type, using only available spaces on this form. If additional space is required, continue on 8 1/2" x 11" white bond paper, properly titled, with SSN (Last 4 ONLY) placed in upper right corner. Do not attach a resume.
2. The completed application must be e-mailed by 31 March 2025 to be considered. Applications will only be accepted by e-mail to [generalwelfare@teamosansc.com](mailto:generalwelfare@teamosansc.com).



# TOSC Continuing Education Scholarship Application 2025

## Application Completion

This application becomes complete and valid only when all of the pages listed below are delivered. All materials must be submitted at the same time. Each page of the application must include the last four digits of the applicant's SSN. Submit together in the following prescribed order:

1. Completed TOSC Continued Education Scholarship Application 2025 packet (pages 4-8).
  - a. Personal Data
  - b. Sponsor's Information
  - c. Employment Data
  - d. Community/Volunteer Service
  - e. Educational Data
  - f. Awards/Honors
  - g. Certification Letter
2. Recommendation Form and letter (page 9).
  - a. The recommendation form & letter may not come from family members. This form is to be filled out by the recommender and returned to the applicant with their letter for submission.
3. A 300- to 500-word Personal Statement written by the applicant answering section a or b below. Type the personal statement on 8 1/2" x 11" white bond paper, double-spaced. Place your SSN (Last 4 ONLY) in the upper right corner and word count at the end of the essay. DO NOT use your name, school, position, or other identifiers in the personal statement.
  - a. Everyone belongs to a community. Describe your community and how you have made a positive impact on your community.
  - b. Pretend you woke up one day and there were no rules. People could suddenly do whatever they wanted! Describe both positive and negative consequences that would result.
4. Transcripts supporting all educational data and documenting your GPA at the end of the first semester of your current year (Note: unofficial transcripts will be accepted). If the applicant has not been previously enrolled in university or college, then the applicant must provide a copy of their high school diploma or GED.



# TOSC Continuing Education Scholarship Application 2025

## Application Packet

### **Privacy Act Statement:**

**Authority:** 10 U.S.C., chapter 40; 37 U.S.C., chapter 9; EO 9397, November 1943

**Principle Purposes:** To facilitate award of scholarship funds to education centers.

**Routine Uses:** Information may be disclosed to federal, state and local education institutions for the purpose of allocating awards to scholarship recipient accounts; and the TOSC Scholarship Committee and subcommittees for accounting purposes.

**Disclosure:** Disclosure of the SSN is voluntary. However, this form will not be processed without your SSN since education institutions use your SSN as a student identifier for scholarship and accounting purposes.

| <b>Applicant's Information</b>   |  |
|--|--|
| <b>Name</b> (Last, First, Middle)  |  |
| <b>Phone Number</b>  |  |
| <b>Email Address</b>   |  |
| <b>Current Mailing Address</b>   |  |
| <b>Forwarding Address (if needed):</b>   |  |
| <b>Name of Institution if Currently Attending</b>  |  |
| <b>Name of Future Institution</b><br>(if changing or not currently attending)                  |  |
| <b>Expected Graduation Date</b><br>(Month, Year)   |  |
| <b>Name and description if you plan to attend a nontraditional college or training program</b> |  |



# TOSC Continuing Education Scholarship Application 2025

| Sponsor's Information          |  |
|--------------------------------|--|
| Name (Last, First, Middle)     |  |
| DoD ID Number                  |  |
| Current Mailing Address        |  |
| Rank/Grade & Branch of Service |  |
| Organization or Unit           |  |
| Email Address                  |  |

| Employment Data  |                           |                  |                |
|--|---------------------------|------------------|----------------|
| List most recent employment first. Include employment through February 2024. |                           |                  |                |
| Job Description<br>(Name, Title, City and State)                             | Estimated<br>Weekly Hours | Dates Employed   |                |
|  |                           | Start<br>MM/YYYY | End<br>MM/YYYY |
|  |                           |                  |                |
|  |                           |                  |                |
|  |                           |                  |                |
|  |                           |                  |                |
|  |                           |                  |                |
|  |                           |                  |                |
|  |                           |                  |                |
|  |                           |                  |                |



Applicant's last 4 digits of SSN \_\_\_\_\_



# TOSC Continuing Education Scholarship Application 2025

|                              |  |  |
|------------------------------|--|--|
| <b>Total Estimated Hours</b> |  |  |
|------------------------------|--|--|



Applicant's last 4 digits of SSN \_\_\_\_\_

# TOSC Continuing Education Scholarship Application 2025

| Education Information                                 |     |                  |                |
|---|-----|------------------|----------------|
| High Schools/Colleges Attended<br>(Name, City, State) | GPA | Dates Attended   |                |
|   |     | Start<br>MM/YYYY | End<br>MM/YYYY |
|   |     |                  |                |
|   |     |                  |                |
|   |     |                  |                |
|   |     |                  |                |
|   |     |                  |                |

| Awards/Honors                    |             |                            |
|----------------------------------|-------------|----------------------------|
| Name<br>(Award and Organization) | Description | Date Received<br>(MM/YYYY) |
|                                  |             |                            |
|                                  |             |                            |
|                                  |             |                            |
|                                  |             |                            |
|                                  |             |                            |
|                                  |             |                            |





# TOSC Continuing Education Scholarship Application 2025

## Certification Letter

If I accept a Team Osan Spouses' Club Scholarship (TOSC), I certify I will abide by the following conditions:

1. Scholarship funds are to be used within the 2025-2026 academic year (Fall, Spring, and/or Summer semesters) for undergraduate or graduate studies, certifications, or technical school.
2. Scholarship funds are to be applied to tuition, fees, room and board, and books at an accredited college, university, or technical school.
3. The TOSC scholarship, when combined with other scholarships, must not exceed the cost of tuition, fees, room and board, and books for the applicable academic year. Any remaining funds must be returned to the TOSC Scholarship Committee as soon as possible.
4. As a scholarship recipient, I must provide the name, address, and proof of enrollment (including student ID) of the school where I am accepted for the 2025-2026 academic year (Fall, Spring, and Summer semesters) to the scholarship committee NLT 1 July 2025. If I have not selected a school or am deferring entrance, this information must also be provided to the Scholarship Committee NLT 1 July 2025. Payment of the scholarship money will be made directly to the institution.
5. If I accept an appointment to a military service academy or a FULL scholarship (to include tuition, fees, room and board, and books), I will be ineligible for this TOSC scholarship award.
6. If I receive the GI Bill or accept a scholarship from another military officers'/enlisted spouses' organization that pays FULL tuition, fees, room and board, and books, I will be ineligible for this TOSC scholarship.
7. I am a responsible citizen in good standing in the school and the community.
8. It is my responsibility to notify the TOSC Scholarship Committee of any change of status (e.g., change of institution, change in address, etc.) Failure to do so may result in the forfeiture of my scholarship award.
9. Unaccepted scholarships as of 2 July 2025 revert to the TOSC Scholarship Fund.
10. If any of the above conditions are violated, scholarship funds must be returned to the TOSC Scholarship Fund.

I agree that my signature on this form will authorize the TOSC Scholarship Chair to release this application, including social security number, GPA, and transcript(s) to the Scholarship Committee and Selection Committee, as needed.

If I am awarded a TOSC scholarship, I agree that my signature on this form will authorize the TOSC to publish my name and image on the TOSC official website and to the membership of the TOSC.

I certify that all information in this application is accurate to the best of my knowledge, and the essay is entirely my own effort.

**Applicant:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Sponsor:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Applicant's last 4 digits of SSN \_\_\_\_\_

# TOSC Continuing Education Scholarship Application 2025

Printed Name

Signature

Date

## Recommendation Form

To the Recommender: Please complete the information below.

\_\_\_\_\_  
Applicant's First Name

\_\_\_\_\_  
Applicant's Last Name

\_\_\_\_\_  
Recommender's First Name

\_\_\_\_\_  
Recommender's Last Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
School/Company Name

\_\_\_\_\_  
Relation to Applicant

Rank the applicant on each of the below items using the following scale:

1 = Poor, 2 = Below Average, 3 = Average, 4 = Above Average, 5 = Outstanding

|                             |   |   |   |   |   |
|-----------------------------|---|---|---|---|---|
| Scholastic Achievement      | 1 | 2 | 3 | 4 | 5 |
| Community Service           | 1 | 2 | 3 | 4 | 5 |
| Extracurricular Involvement | 1 | 2 | 3 | 4 | 5 |
| Overall Performance         | 1 | 2 | 3 | 4 | 5 |

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# TOSC Continuing Education Scholarship Application 2025

This scholarship requires scholastic achievement, and outstanding performance. In an attached letter, describe how this student has demonstrated these things and why you would recommend them for this scholarship. Include your reference letter with this completed form. Please include a section at the top right corner for the applicant to add their SSN (Last 4 ONLY).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date