



## ***U.S. Army Signal Corps OCS Association Scholarship Program***

### **USASCOCS ASSOCIATION SCHOLARSHIP PROGRAM APPLICATION FORM (2026)**

**Please answer all questions. Use/attach additional pages if necessary (or desired)**

Applicant Name \_\_\_\_\_

Sponsor Name & OCS Class # \_\_\_\_\_

Address \_\_\_\_\_

Sponsor's Address \_\_\_\_\_

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

Relationship to Applicant \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

SS# \_\_\_\_\_

Name of High School \_\_\_\_\_

Sponsor's Email Address \_\_\_\_\_

High School Address \_\_\_\_\_

(For information requested below, use additional pages if necessary)

In what school activities have you been active? \_\_\_\_\_

In what extracurricular and community affairs have you been active? \_\_\_\_\_

List work-related experience (if any). \_\_\_\_\_

**(Un-weighted) GPA** \_\_\_\_\_ SAT Score \_\_\_\_\_ (and/or) ACT Score \_\_\_\_\_

**(Please convert Weighted GPA to Un-weighted GPA)**

High School Exit Exam Passed?  Y  N  N/A

Accepted at College/University/Tech.  Y  N

Name of College or University: \_\_\_\_\_

Planned Major: \_\_\_\_\_

Career Goal: \_\_\_\_\_

**I attest that this information is true and accurate. I understand that a misrepresentation of the facts is cause for withdrawal of consideration.**

Student \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Sponsor \_\_\_\_\_

Date \_\_\_\_\_

(Signature attests to relative's eligibility)

**A COMPLETE APPLICATION PACKET CONSISTS OF A COMPLETED APPLICATION FORM, A COMPLETED PRINCIPAL/COUNSELOR REPORT FORM, AND A CERTIFIED COPY OF OFFICIAL TRANSCRIPTS SHOWING INFORMATION THROUGH THE END OF THE FINAL SEMESTER. INCOMPLETE OR LATE PACKETS WILL NOT BE CONSIDERED.**

**APPLICATIONS MUST BE POSTMARKED ON OR BEFORE JULY 31, 2026. MAIL TO THE ADDRESS BELOW:**

**U.S. ARMY SIGNAL CORPS OCS ASSOCIATION- ATTN: SCHOLARSHIP COMMITTEE (PREAS STREET);  
135 SPRINGLAKES DRIVE; MARTINEZ, GA 30907**