

**Helms College Military Service Award Application**

In recognition of the service provided by the men and women who have served in the United States Armed Forces, we are proud to offer this award in support of the educational goals of enlisted, retired, and former military personnel, spouses, and dependents.

*First Middle Last*

*Street Address City State Zip*

*Home Phone Cell Phone Date of Birth*

*Email Address*

*Program of Study at Helms College Anticipated Date of Completion*

How do you qualify for this scholarship? (Please check one)

* Service member  Spouse of service member  Dependent of service member

*Branch of Service*

# Submission of Application

Please submit the following to be considered for the Helms College Military Service Award:

* 1. Completed application form

Mail completed form to: Helms College

# Attention: Gerri Bogan

3145 Washington Road

Augusta, Georgia 30907

**Or** fax to (706) 860-8135

# Please note: this scholarship is based on the availability of funding with only a limited number of awards each year.

**Statement of accuracy**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Helms Military service award.

Signature of Applicant Date: