



**APPLICATION**

**The Captain Jeff Kuss, USMC, Memorial Scholarship Program**

**PERSONAL INFORMATION OF APPLICANT**

Name

\_\_\_\_\_  
*First*                      *Middle*                      *Last*                      *Suffix*

Date of birth (mm/dd/year): \_\_\_\_\_

Residential street address:

\_\_\_\_\_

\_\_\_\_\_  
*Address line two*

\_\_\_\_\_  
*City*                      *State*                      *Zip Code*

Mailing address (if different from above)

Mailing address:

\_\_\_\_\_

\_\_\_\_\_  
*Address line two*

\_\_\_\_\_  
*City*                      *State*                      *Zip Code*

Telephone Number: Primary \_\_\_\_\_ Secondary: \_\_\_\_\_

Preferred email address: \_\_\_\_\_

**PERSONAL INFORMATION OF APPLICANT (CONTINUED)**

Name of parent(s) or legal guardian(s):

\_\_\_\_\_  
*First*                      *Middle*                      *Last*                      *Suffix*

\_\_\_\_\_  
*First*                      *Middle*                      *Last*                      *Suffix*

If you use social media, please provide any social media identities (profile names, handles, etc.) by which you can be found on each social media platform that you use:

Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_

TikTok: \_\_\_\_\_ Twitter: \_\_\_\_\_

Others: \_\_\_\_\_

**HIGH SCHOOL INFORMATION**

High School (please select):

Smyrna High School \_\_\_\_\_

Stewarts Creek High School \_\_\_\_\_

Other High School (inclusive of public, private, and home schools): \_\_\_\_\_

Address of other high school:

\_\_\_\_\_

\_\_\_\_\_  
*City*                      *State*                      *Zip Code*

Expected date of high school graduation: \_\_\_\_\_

Please identify an appropriate guidance counselor at your High School whom the scholarship committee may contact regarding this application.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**HIGHER EDUCATION DETAILS**

Please list the colleges, trade schools, or other post-secondary programs that you are interested in attending following high school graduation.

\_\_\_\_\_  
Name  
Have you been accepted? \_\_\_\_\_

\_\_\_\_\_  
Location  
Intended Major \_\_\_\_\_

\_\_\_\_\_  
Name  
Have you been accepted? \_\_\_\_\_

\_\_\_\_\_  
Location  
Intended Major \_\_\_\_\_

\_\_\_\_\_  
Name  
Have you been accepted? \_\_\_\_\_

\_\_\_\_\_  
Location  
Intended Major \_\_\_\_\_

**ACADEMICS**

Class Ranking: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

SAT Score: \_\_\_\_\_

ACT Score: \_\_\_\_\_

**EXTRA-CURRICULAR ACTIVITIES, EMPLOYMENT, AND COMMUNITY SERVICE**

Please list any clubs, sports, student government, or other activities, along with any offices or leadership positions held, that you believe should be considered. Attach additional sheets if necessary.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EXTRA-CURRICULAR ACTIVITIES, EMPLOYMENT, AND COMMUNITY SERVICE  
CONTINUED**

Have you been employed during high school? Please list your employment, including both during the school year and summer jobs. Attach additional sheets if necessary.

- |    |          |                  |                         |                               |
|----|----------|------------------|-------------------------|-------------------------------|
| 1. |          |                  |                         |                               |
|    | Employer | Position(s) held | Length of<br>Employment | Average hours<br>worked /week |
| 2. |          |                  |                         |                               |
|    | Employer | Position(s) held | Length of<br>Employment | Average hours<br>worked /week |
| 3. |          |                  |                         |                               |
|    | Employer | Position(s) held | Length of<br>Employment | Average hours<br>worked /week |

Please list any volunteer community service work that you have performed that you believe should be considered, along with an estimate of the total number of hours spent performing such services. Attach additional sheets if necessary.

- |    |                                |                                |
|----|--------------------------------|--------------------------------|
| 1. |                                |                                |
|    | Project or location served     | Nature of services performed   |
|    |                                |                                |
|    | Dates of service (approximate) | Total hours served (estimated) |
| 2. |                                |                                |
|    | Project or location served     | Nature of services performed   |
|    |                                |                                |
|    | Dates of service (approximate) | Total hours served (estimated) |
| 3. |                                |                                |
|    | Project or location served     | Nature of services performed   |
|    |                                |                                |
|    | Dates of service (approximate) | Total hours served (estimated) |

## **LETTERS OF REFERENCE**

Please submit three letters of reference with your application. Letters from a family member will not be considered. Examples of appropriate persons to provide you with a letter of reference include, but are not limited to, the following:

- School club faculty advisors
- Scout troop leaders
- Community leaders
- Teachers
- School administrators
- Employers
- Faith group leaders
- Coaches

## **SHORT ANSWER QUESTIONS**

Please respond to each of the following questions in short answer form. Responses should be a minimum of two hundred words each. Please submit your response(s) on a separate page.

1. Captain Jeff Kuss aspired to live values that are esteemed by our Armed Forces including: commitment, courage, excellence, honor, respect, and service. Of these values, share how you will make a difference in the world by exhibiting a select one or two of these principles in your pursuit of future goals.
2. How has your education and community contributed to who you are today?
3. What motivates you to pursue your academic and career goals, and how do you stay focused on them?

## **ACADEMIC TRANSCRIPT(S)**

Please submit a certified copy of your high school academic transcript indicating your current class rank and including any ACT/SAT scores with your application. If you have attended more than one high school, please submit a transcript from each high school that you have attended. The Scholarship Committee will review your transcripts. Your transcripts will not be disclosed to any third party without your prior written consent.

**CERTIFICATION**

I, \_\_\_\_\_, the undersigned Applicant, hereby promise that the information stated in this application, including all attachments and supporting documents, is true and correct to the best of my knowledge, information, and belief. Furthermore, I promise that the statements that I make and the information that I provide to any representative of the Town of Smyrna and any member of the Scholarship Committee in connection with this scholarship application, including in interviews, should I be invited to participate in the same, will be truthful and not misleading. Should I discover that any information that I provide through the application process is false or misleading, then I promise to notify the Scholarship Committee of such circumstances and to promptly revise the false or misleading information and cause it to comply with this Certification. Furthermore, I have read, understand, and agree to the published scholarship program description and funding conditions and agree that my application and any award that may be granted to me, is subject to that description and those conditions.

\_\_\_\_\_  
Applicant Signature (Typed)

Date: \_\_\_\_\_

**PRIVACY WAIVER AND AUTHORIZATION**

I understand that this Scholarship Application and all supporting documents (“the Application Materials”) that I submit herewith will be received and viewed by certain people who are in some way involved with the Captain Jeff Kuss, USMC Memorial Scholarship Program (“the Program”). I understand by submitting the Application Materials, I am disclosing to those authorized persons information that may be confidential and/or protected under applicable state and/or federal privacy laws. I acknowledge and agree that by submitting the Application Materials, I am waiving any rights that I have to the confidentiality, privacy, or nondisclosure of information contained in the Application Materials with respect to the Authorized Parties identified below. I agree that the following persons and groups (“the Authorized Parties”) are authorized to receive, possess, view, and read the Application Materials.

- Town of Smyrna employees who are, or may in the future be, tasked with managing, administering, and/or supporting the Program.
- The Scholarship Committee, which consists of selected citizens of the Town of Smyrna, and may include selected employees and elected officials of the Town.
- The Kuss Memorial Committee, which may consist of selected employees, elected officials, and citizens of the Town.

I hereby grant permission to the Authorized Parties to use the Application Materials in the course and scope of their role in the Program, which includes sharing information contained in the Application Materials with other Authorized Parties.

\_\_\_\_\_  
Applicant Signature (Typed)

Date: \_\_\_\_\_