

# 2024 BILLIE J. HAVARD SPOUSE SCHOLARSHIP

## Mountain Home Officers' Spouses' Club Scholarship Committee

1. The Mountain Home OSC Scholarship Committee offers scholarships to military spouses as indicated below.
2. Eligibility Requirements:
  - a. Applicants must be high school graduates or equivalent.
  - b. Applicants must be planning to attend or currently attending a regionally or nationally accredited college or university, within the United States, during the 2024-2025 academic year.
  - c. Applicants must be the non-military (as of 11 March 2024), dependent spouse of one of the following categories of sponsors:
    - (1)Active duty, Reservist, or Idaho National Guard military personnel permanently assigned to Mountain Home AFB or Gowen Field. (The applicant need not reside locally.)
    - (2)Active duty military personnel permanently assigned other than Mountain Home AFB. (The applicant must reside in the local area.)
    - (3)Deceased or retired military personnel. (The applicant must reside in the local area. For retired military personnel, the applicant and sponsor must reside in the local area.)
    - (4)Military personnel officially listed as POW or MIA. (The applicant must reside in the local area.)
  - d. Dependent status will be determined in accordance with AFI 36-3001 or Federal Revenue Service regulations; whichever is more favorable to the applicant.  
Local area includes Mountain Home, Boise, and other communities in the Treasure Valley.
  - e.
3. Application Procedure:
  - a. All components must be received by the OSC, P.O. Box 4064, Mountain Home AFB, Idaho 83648, Attn: Scholarship Committee Chairperson, or e-mailed to [scholarships.mhosc@gmail.com](mailto:scholarships.mhosc@gmail.com) no later than 12 March 2024. Application package must be postmarked no later than 11 March 2024 or received via e-mail by 2200 MDT 12 March 2024.
  - b. Two copies of the completed application by mail, or one copy by e-mail.  
The certification form must be signed by both the applicant and his/her sponsor.
  - c. Proof of eligibility pursuant to paragraph 2c of this information sheet must accompany the application. Acceptable proofs of eligibility are:
  - d.
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1. Copy of PCS orders (AF Form 899) to MHAFB or Gowen Field listing the applicant's name as a dependent.
2. Copy of DD Form 1172-2 (DEERS enrollment) listing current address and applicant's name as a dependent.
3. Notary statement from the base Legal Office verifying the sponsor's military status and the applicant's dependent status. To obtain statement, military member must present his/her military ID along with dependent's ID or other proof of dependency.

4. DO NOT SUBMIT COPIES OF ANY MILITARY ID CARDS. It is illegal to photocopy them for any purpose.

- e. Two copies of the applicant's college transcript must be received as in paragraph 3a *directly from the record custodian* no later than 11 March 2024. If less than 30 credit hours have been earned, two copies of the applicant's high school transcript must also be submitted per paragraph 3a *directly from the record custodian* no later than 11 March 2024.
- f. Two current letters of recommendation from adults not related to the applicant must accompany the application. Recommendation letters must be dated from 2023-2024 school year.
- g. The Scholarship Rating Committee, an independent panel, shall choose the recipients of the scholarship. No member of the Scholarship Rating Committee is also a member of the Officers Spouses' Club.
- h. Notification of the scholarship recipients will be made in mid April 2024.
- i. If any of the above requirements/deadlines are not met, the application shall not be considered.

PLEASE USE THE FOLLOWING CHECKLIST TO ENSURE ALL REQUIRED INFORMATION IS INCLUDED WITH YOUR APPLICATION PACKAGE.

- 1 \_\_\_\_\_ Signed Certification Form
- . \_\_\_\_\_ Two copies of completed Application Form
- 2 \_\_\_\_\_ Proof of Eligibility(copy of AF Form 899 or Notary Statement)
- . \_\_\_\_\_ Requested two copies of official college transcripts and high school
- 3 transcripts if necessary (records must come directly from the school's record
- . custodian to the OSC)
- 4 \_\_\_\_\_ Two copies of typed essay
- 5 \_\_\_\_\_ Two current letters of recommendation
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ALL APPLICATIONS MUST BE RECEIVED NO LATER THAN 11 MARCH 2024. BE SURE THAT ANY RECORDS COMING DIRECTLY FROM A SCHOOL ARE REQUESTED WITH SUFFICIENT TIME TO BE RECEIVED BY THE OSC.

MAIL COMPLETED APPLICATION TO:

MHOSC Scholarship Committee  
Attn: Scholarship Committee Chairperson  
P.O. Box 4064  
MHAFFB, ID 83648

For more information or questions, contact  
Amanda Walz or  
scholarships.mhosc@gmail.com

# CERTIFICATION

The Mountain Home Officers' Spouses' Club Scholarship Committee

## 2024 BILLIE J. HAVARD SPOUSE AWARD

I certify that the information in this application is accurate to the best of my knowledge. I further certify that the following statements are true and should I accept an OSC award, I will not be, and am not currently, in violation of any of the following restrictions:

- 1.All funds received shall be applied to tuition, books, and/or fees at a nationally or regionally accredited college or university for the 2023-2024 academic year. These funds will be deposited with the financial aid office at the school of your choice. *It is the student's responsibility to notify the OSC of when and where to send the money.*
- 2.Students accepting service academy appointments or other FULL scholarships/ grants/GI Bill (those covering all tuition, books and fees) will relinquish the 2024 Billie J. Havard Spouse Scholarship and notify the OSC Chairperson as soon as possible.
- 3.I have not nor will I apply for another OSC Scholarship from a different location.
- 4.Should I violate any of these restrictions, I agree to return the monetary awards to the OSC.
- 5.I meet all eligibility criteria.

I understand that this application and all attachments will be confidential records. Furthermore, in accordance with the Privacy Act of 1974, I agree that my signature on this form will authorize the Scholarship Chairperson to release copies of my transcripts, scholarship application, and other auxiliary data to the Scholarship Rating Committee.

I hereby waive any privilege to review this application form or any attachments once they are submitted to the OSC.

APPLICANT'S  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPONSOR'S  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The Mountain Home Officers' Spouses' and Enlisted Spouses' Clubs have no governmental status, nor are they officially endorsed by the United States Air Force (USAF). Similarly, activities sponsored by the MHOSC or MHESC are not official USAF activities/events. Any statements made by the MHOSC or MHESC do not necessarily reflect the views of the USAF, nor

**have any such statements been officially endorsed.**

Approved by the Judge Advocate Office, MHAFB

BILLIE J. HAVARD SPOUSE SCHOLARSHIP APPLICATION

*Please Print or Type*

NAME \_\_\_\_\_

Last First Middle

ADDRESS \_\_\_\_\_

Number and Street

\_\_\_\_\_

City State Zip Code

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SPONSOR'S NAME \_\_\_\_\_

SQUADRON OR PLACE OF  
EMPLOYMENT \_\_\_\_\_

WORK PHONE \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_

SPONSOR'S ELIGIBILITY CATEGORY: (check one)

Active Duty \_\_\_\_\_ Retired \_\_\_\_\_ POW/MIA \_\_\_\_\_ Deceased \_\_\_\_\_

Guard \_\_\_\_\_ Reservist \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

Number and Street

\_\_\_\_\_

City State Zip Code

NAME AND LOCATION OF COLLEGE OR UNIVERSITY YOU CURRENTLY ATTEND (if a continuing student):

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LIST COLLEGES OR UNIVERSITIES YOU WISH TO ATTEND (if you are a new student or wish to transfer from school currently attending):

1ST CHOICE \_\_\_\_\_

Name City State

2nd CHOICE \_\_\_\_\_

Name City State

INTENDED MAJOR \_\_\_\_\_ INTENDED CAREER \_\_\_\_\_ DO

YOU HAVE ANY EDUCATIONAL PLANS BEYOND 4-YEARS OF COLLEGE? \_\_\_\_\_ IF SO, PLEASE

EXPLAIN \_\_\_\_\_

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SCHOOL INVOLVEMENT ACTIVITIES AND AWARDS (AWARDS, LEADERSHIP, ETC.) AND OFFICE HELD IN EACH:

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COMMUNITY ACTIVITIES AND AWARDS OUTSIDE OF SCHOOL (Church, Community Service, Etc.) AND OFFICE HELD IN EACH:

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EMPLOYMENT RECORD (present and previous): \_\_\_\_\_

WHERE \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_

Average hours worked per week \_\_\_\_\_

WHERE \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_

Average hours worked per week \_\_\_\_\_

ADDITIONAL COMMENTS OR INFORMATION \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

On a separate sheet of paper, please answer one (1) of the following essay questions. The essay should be typed (double-spaced) and 500-700 words in length.

1. Describe a meaningful volunteer experience, and how it has shaped you as a person.
2. As a military dependent, what is one unique challenge you've faced, and how have you overcome it?