



Members' Continuing Education Program Application Form

Academic Information

Name of Institution: _____

Location: _____
City State

Course of Study: _____

Date You Will Begin or Began: _____ Number of Credit Hours per Term: _____

Are you working toward a degree?

Yes _____ No _____ Degree _____

Are you currently receiving financial assistance? (Ex: Tuition Assistance, Montgomery GI Bill, other scholarships, etc.)

Yes _____ No _____ How much? _____

From _____

Will this grant be used to pay existing loans? Yes _____ No _____ How much? _____

Will this grant be used for expenses not covered with government/corporate tuition assistance? Yes _____ No _____

If yes, provide a detailed listing? _____

Letter of Recommendation

Attach letter of recommendation. Letter of recommendation must address Applicant's scholastic achievements, leadership ability, extracurricular activities, ASMC involvement, career and academic goals and financial needs (as applicable). The letter of recommendation must be from one of the following:

1. Organization Commanding Officer or Director.
2. Organizational Manager, Personnel Training Officer or Supervisor.
3. Academic Institution Official.

Mail To: ASMC San Diego, Attn: Members' Continuing Education Program, P.O. Box 6613, 2931 Canon Street, San Diego, CA 92106
No fax or e-mail submissions permitted.

