



## 2026 Scholarship

**Applications must be emailed NO LATER THAN APRIL 15, 2026.**

The Fort Hamilton Community Spouses' Foundation (FHCSF) is an all-ranks spouses and civilian organization. The FHCSF Scholarship Program offers scholarships annually to deserving students who have committed to continuing their education beyond high school in an undergraduate, graduate, vocational, or certificate program. FHCSF Scholarships are merit-based and may be used for college-related expenses (tuition, room & board, and academic fees).

### ELIGIBILITY

#### **ALL APPLICANTS:**

- ★ Applicants must be enrolled at an accredited institution (higher learning, vocational) during the 2026-2027 academic school year. Eligible academic programs must award a degree or certificate upon completion. The eligibility of applicants who are enrolled in courses or programs that follow a non-traditional schedule will be evaluated on a case-by-case basis.
  - ★ Applicants may NOT receive a scholarship from the FHCSF if awarded a scholarship by another Spouses' Club.
  - ★ **Military Dependent Applicants** must be able to present a valid military dependent identification card upon receipt of reward. Dependent children are eligible to apply for the FHCSF Scholarship through the age of 22. (Scholarship awards must be used prior to the applicant's 23rd birthday. Applicant must also meet at **LEAST ONE** of the following criteria:
    - The Military Sponsor must be an Active Duty, Active Reserve, Active Guard, or Retired Service Member assigned to, attached to, working, or living on Fort Hamilton at the time of the application.
    - The Military Sponsor is deceased.
  - ★ **Fort Hamilton Community Spouses' Foundation Members** must be current on annual membership dues through 2026. Scholarship applications may only be completed for the member. The scholarship may not be completed for a family member or transferred to a family member. Requirement of paid membership dues does not apply to applicants with another eligibility status.
  - ★ **Fort Hamilton Volunteer Applicants** must be registered and background cleared through the Visitors Center on Fort Hamilton.
    - Applicant has volunteered on Fort Hamilton between May 2025 - February 2026.
    - Applicant may volunteer for **any** Fort Hamilton organization (on-site or remotely).
    - Applicant must have volunteered for a minimum of 48 hours between May 2025 to February 2026 and provide documentation from the supervisor or organization where the volunteer work was performed.
- ★ Service members are NOT eligible for scholarships.

If you have any questions regarding Eligibility, please contact [fhcsfscholarship@gmail.com](mailto:fhcsfscholarship@gmail.com).



## **SCHOLARSHIP CATEGORIES**

- ★ **High School:** Scholarship eligibility is open to graduating high school seniors, or home-schooled equivalent, who have been accepted to an accredited institution (college or vocational) for the 2026-2027 academic year. The applicant must meet general eligibility criteria.
- ★ **College Student:** Scholarship eligibility is open to currently accepted or enrolled full-time college students who attend/will attend an accredited institution (college or vocational) during the 2026-2027 academic year. The applicant must meet general eligibility criteria.
- ★ **Military Spouse:** Scholarship eligibility is open to spouses enrolled in an accredited institution for undergraduate, graduate, vocational, or certificate programs, full or part-time. The applicant must meet general eligibility criteria.
- ★ **Fort Hamilton Community Spouses' Foundation Member:** Scholarship eligibility is open to members enrolled in an accredited institution for undergraduate, graduate, vocational, or certificate programs, full or part-time. The applicant must meet general eligibility criteria.
- ★ **Fort Hamilton Volunteer:** Scholarship eligibility is open to registered Fort Hamilton volunteers enrolled in an accredited institution for undergraduate, vocational, or certificate programs. The applicant must meet general eligibility criteria.

## **SUBMISSION REQUIREMENTS**

- ★ The application form must be complete, accurate, and legible. Incomplete applications will not be considered. **Applications must be emailed NO LATER THAN APRIL 15, 2026.**
- ★ Essay must be typed and double-spaced throughout, using Times New Roman 12-point font and one-inch margins. The essay should be no less than 350 words and no more than 600 words.
- ★ Fill in all the information requested. **If more space is needed for any section, use a separate sheet of paper or document and label the information accordingly.**
- ★ Sign the application form. If the applicant is a military dependent, ensure that your sponsor also signs the application. If your sponsor is unable to sign the application, please state why he/she is unable to do so.

## **GUIDELINES**

- ★ Scholarships are awarded based on **scholastic achievement and school/community involvement.**
- ★ All scholarship funds awarded to recipients will be sent directly to the accredited institution after the Scholarship Chairperson receives enrollment verification and a copy of the tuition statement/invoice from the institution. Awards will be paid in a single installment.
- ★ Awards can only be used towards tuition, room and board, academic fees, and books (if payment can be made directly to the institution). Awards may not be used for personal expenses.
- ★ Awards may not exceed the total of all the institution's fees.
- ★ In the event that the recipient does not attend the institution or withdraws prior to completion of the school year, any unused funds must be returned to the Fort Hamilton Community Spouses Foundation.
- ★ Applicants who accept an appointment to one of the service academies or receive a fully-funded scholarship (tuition, room and board, academic fees, textbooks) from another source, must notify the Scholarship Chairperson and return the FHCSF Scholarship.



## **GENERAL INFORMATION**

- ★ Only completed applications submitted in accordance with the guidance provided will be forwarded to the selection committee for review.
- ★ The Scholarship Committee Chairperson will acknowledge receipt of each application by email.
- ★ Applications will be considered confidential. The FHCSF Committee will keep applicant files for a period of one full year.
- ★ Notification of awards will be emailed.
- ★ Scholarship awardees will be formally recognized.
- ★ The FHCSF will work with all recipients to apply the scholarship award in the most effective and beneficial way to meet individual situations and required fees while adhering to our guidelines.
- ★ All completed applications may be:

**EMAILED TO:** [fhcsfscholarship@gmail.com](mailto:fhcsfscholarship@gmail.com)

OR MAILED TO:

Fort Hamilton Community Spouses Foundation  
404 Sterling Drive  
U.S. Army Garrison Fort Hamilton  
Brooklyn, NY 11252

- ★ **DEADLINE:** Applications **emailed must be TIME STAMPED no later than April 15, 2026.**
- ★ Please direct all questions to: [fhcsfscholarship@gmail.com](mailto:fhcsfscholarship@gmail.com)

**PLEASE NOTE:** All identifying information will be removed from your application packet materials prior to presentation to the selection committee. Your application packet will be assigned a number and will be evaluated through a double-blind process. Please review your application packet carefully. In order to preserve anonymity, the selection committee cannot contact you for additional information.

**Please keep pages 1-3 for your reference and submit only the 2026 Scholarship Application (pages 4-12) with the required documentation.**



**Applications must be emailed NO LATER THAN APRIL 15, 2026.**

## **2026 Fort Hamilton Community Spouses' Foundation Scholarship CHECKLIST**

Please verify your application is complete by utilizing the below checklist. You should also keep a copy for yourself.

- \_\_\_\_\_ Copy of the **completed application** (pages 5-10).
- \_\_\_\_\_ Copy of **high school transcript(s)**, (high school seniors/high school graduates/continuing education applicants). Unofficial documents accepted.
- \_\_\_\_\_ Copy of **college transcript(s)**, (college student/continuing education applicants). Unofficial documents accepted. If you are submitting a college transcript for 12 credit hours or more, high school transcripts are not necessary.
- \_\_\_\_\_ Copy of **SAT or ACT scores** (high school seniors),
- \_\_\_\_\_ Copy of **Essay with Prompt** printed at the top.
- \_\_\_\_\_ **Two letters of recommendation. Forms provided** (pages 11-12).  
*High-School and currently enrolled college students:* At least one recommendation must be from a core teacher (math, science, social studies, language arts).  
Please choose someone who can write knowledgeably about your academic, extracurricular, volunteer and/or work-related experience. The recommendation may be based on a professional and/or personal relationship (excluding family members).
- \_\_\_\_\_ **Military Dependent Applicants:** A copy of both sides of the applicant's military ID card (for military dependent applicants). **Please block out ID number.**
- \_\_\_\_\_ **Military Dependent Applicants:** A copy of sponsor's official orders. If the sponsor is Active Guard or Active Reserve, a copy of orders showing federal activation is required. **Please block out social security number.**
- \_\_\_\_\_ **Volunteer Applicants:** Verification that applicant is a registered volunteer on Fort Hamilton.
- \_\_\_\_\_ **Volunteer Applicants:** Verification from Volunteer Supervisor that applicant has completed the requisite number of volunteer hours. If a requirement has not been completed as of the application deadline, the applicant may provide a letter from his/her supervisor confirming that the applicant is currently working towards the required hours.
- \_\_\_\_\_ **Signed affidavit form** (page 9).
- \_\_\_\_\_ **Signed press release form** (page 10).



## 2026 Fort Hamilton Community Spouses' Foundation Scholarship Application

### PART 1: APPLICANT INFORMATION

Please check the category that applies:

- \_\_\_\_\_ **Military Dependent Applicants** must be able to present a valid military dependent identification card upon receipt of reward. Dependent children are eligible to apply for the FHCSF Scholarship through the age of 22. (Scholarship awards must be used prior to the applicant's 23rd birthday. Applicant must also meet at **LEAST ONE** of the following criteria:
- The Military Sponsor must be an Active Duty, Active Reserve, Active Guard, or Retired Service Member assigned to, attached to, working, or living on Fort Hamilton at the time of the application.
  - The Military Sponsor is deceased.
- \_\_\_\_\_ **Fort Hamilton Community Spouses' Foundation Members** must be current on annual membership dues through 2026. Scholarship applications may only be completed for the member. The scholarship may not be completed for a family member or transferred to a family member. Requirement of paid membership dues does not apply to applicants with another eligibility status.
- \_\_\_\_\_ **Fort Hamilton Volunteer Applicants** must be registered and background cleared through the Visitors Center on Fort Hamilton.
- Applicant has volunteered on Fort Hamilton between May 2025 - February 2026.
  - Applicant may volunteer for **any** Fort Hamilton organization (on-site or remotely).
  - Applicant must have volunteered for a minimum of 48 hours between May 2025 to February 2026 and provide documentation from the supervisor or organization where the volunteer work was performed.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Identify the COLLEGES/SCHOOLS/PROGRAMS to which you are applying or in which you are currently enrolled:

| Name of College(s)/School(s) Program | Enrolled/Accepted/Awaiting Response |
|--------------------------------------|-------------------------------------|
|                                      |                                     |
|                                      |                                     |
|                                      |                                     |
|                                      |                                     |



**PART 2: SPONSOR INFORMATION (if applicable)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current/Last Duty Station: \_\_\_\_\_ Current/Last Rank Held: \_\_\_\_\_

Address of Duty Station (if applicable): \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

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

Relationship of Sponsor to applicant: \_\_\_\_\_

Branch of Service:  Air Force  Army  Coast Guard  Marine Corps  Navy  Space Force

**PART 3: EDUCATION**

| High Schools/Colleges Attended<br>(Name, City, State)<br>List if you received a diploma or GED | GPA | Dates Attended<br>Month/Year – Month/Year |
|--|-----|---|
|  |     |   |
|  |     |   |
|  |     |   |
|  |     |   |
|  |     |   |

**PART 4: ACADEMIC AWARDS & HONORS**

List any academic awards or special programs (e.g., independent research, science programs, principal's list, etc.). List only awards that were received no earlier than ninth grade. Begin with the most recent.

| Award/Honor Description | Organization | Grade/Year |
|-------------------------|--------------|------------|
|                         |              |            |
|                         |              |            |
|                         |              |            |
|                         |              |            |
|                         |              |            |
|                         |              |            |
|                         |              |            |



**PART 5: EXTRACURRICULAR ACTIVITIES**

Please list your involvement, talents, and achievements outside of the classroom (e.g., the arts, athletics, music, organized school activities, church, or community activities. In the “Positions/Honors/Awards/Letters” column, include major accomplishments (e.g., musical instruments played, varsity letters earned, positions held, etc.)

| Activity/Interest | Dates of Participation | Positions Held/Honors/Awards/Letters |
|-------------------|------------------------|--------------------------------------|
|                   |                        |                                      |
|                   |                        |                                      |
|                   |                        |                                      |
|                   |                        |                                      |
|                   |                        |                                      |
|                   |                        |                                      |
|                   |                        |                                      |
|                   |                        |                                      |

**PART 6: COMMUNITY SERVICE**

List volunteer work with service, religious, and other community organizations. Begin with the most recent.

| Organization<br>(Name, City, State) | Position/Title | Total<br>Hours | Dates Volunteered<br>Month/Year – Month/Year |
|-------------------------------------|----------------|----------------|--|
|                                     |                |                |  |
|                                     |                |                |  |
|                                     |                |                |  |
|                                     |                |                |  |
|                                     |                |                |  |
|                                     |                |                |  |
|                                     |                |                |  |
|                                     |                |                |  |

**PART 7: WORK EXPERIENCE**

| Position Held | Employer Address | Dates of Employment<br>Month/Year – Month/Year | Approximate number of<br>Hours Worked per week |
|---------------|------------------|--|--|
|               |                  |  |  |
|               |                  |  |  |
|               |                  |  |  |
|               |                  |  |  |
|               |                  |  |  |



## **PART 8: ESSAY**

On a separate sheet of paper or document, submit a typed essay, double-spaced, in 12-point Times New Roman font. The essay should be no less than 350 words and no more than 600 words. Do not include your name on the essay page. Please choose from **one** of the following essay questions and **include the question at the top of your page**:

- 1. How has your affiliation with the military/military lifestyle inspired or challenged you? And how has it influenced your goals or accomplishments?**
- 2. Who in your life has been your biggest influence and why?**
- 3. If you had the authority to change your school in a positive way, what specific change(s) would you make?**
- 4. What do you see as the greatest challenge to the nation today and how can you make a positive impact?**



**2026 Fort Hamilton Community Spouses' Foundation Scholarship  
AFFIDAVIT**

If I am the recipient of a Fort Hamilton Community Spouses Foundation Scholarship (FHCSF), I understand and agree to the following:

1. If I accept an appointment to a military service academy or receive full coverage of my educational expenses (tuition, academic fees, books, room, and board) through any means, I will be ineligible for a FHCSF Scholarship award.
2. I understand that the scholarship funds awarded by the FHCSF are restricted to the payment of tuition, academic fees, room, and board.
3. I understand that the full scholarship applies to any accredited institution for the 2026-2027 academic year. If I fail to enroll at or withdraw from an accredited institution, I must return all of the scholarship money awarded by the FHCSF.
4. I understand the award check will be made out in the name of the accredited post-secondary institution that I will be attending.
5. I understand, agree, and hereby grant permission for the FHCSF to use my name in announcing and promoting their scholarship program.
6. I understand and agree that the Scholarship Selection Committee is solely responsible for the selection of the scholarship winners and its decision is final.
7. I grant permission to the school of higher education I attend to release information concerning my enrollment status and academic standing to the FHCSF for use in administering my scholarship award.
8. In submitting this application, I certify that the information is true and correct to the best of my knowledge, and that my essay is entirely of my own effort. I understand and agree that falsification of information will result in disqualification and/or forfeiture of a FHCSF Scholarship.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sponsor, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if under 18)

\_\_\_\_\_  
Date



**2026 Fort Hamilton Community Spouses' Foundation Scholarship  
RECIPIENT PRESS RELEASE**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

I do [ ] do not [ ] give the Fort Hamilton Community Spouses' Foundation (FHCSF) permission to use any image of me for the purpose of publication in media outlets including print, newspapers (to include the Hamilton Connection), magazines, radio, and television.

I do [ ] do not [ ] give the FHCSF permission to use any image of me on the FHCSF Facebook page or FHCSF social media or FHCSF website.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if under 18)

\_\_\_\_\_  
Date



**2026 Fort Hamilton Community Spouses' Foundation Scholarship  
RECOMMENDATION FORM**

Please assist this applicant by **completing the form** below. Please place the letter in an envelope with your signature across the sealed back flap and return it to the applicant for submission with their scholarship application OR preferably please scan and email form to [fhcsfscholarship@gmail.com](mailto:fhcsfscholarship@gmail.com) with "Applicant's Name & LOR" in the subject line. The application forms must be **emailed no later than APRIL 15, 2026**.

Name of FHCSF Scholarship Applicant: \_\_\_\_\_

Name of School/Organization: \_\_\_\_\_

Evaluator's Name and Position/Title: \_\_\_\_\_

Evaluator's Email Address: \_\_\_\_\_

Length of time you have known the applicant: \_\_\_\_\_

**Please rate the applicant on the following behaviors by circling the number that best describes your experience with him/her.**

|                        | <u>Exceptional</u> | <u>Above Average</u> | <u>Average</u> | <u>Below Average</u> | <u>Not Evident</u> |
|------------------------|--------------------|----------------------|----------------|----------------------|--------------------|
| Leadership             | 1                  | 2                    | 3              | 4                    | 5                  |
| Intellectual Curiosity | 1                  | 2                    | 3              | 4                    | 5                  |
| Integrity              | 1                  | 2                    | 3              | 4                    | 5                  |
| Responsibility         | 1                  | 2                    | 3              | 4                    | 5                  |
| Initiative             | 1                  | 2                    | 3              | 4                    | 5                  |

**Additional information or comments that you would like to share may be included here:**

Evaluator's Signature: \_\_\_\_\_

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



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RECOMMENDATION FORM**

Please assist this applicant by **completing the form** below. Please place the letter in an envelope with your signature across the sealed back flap and return it to the applicant for submission with their scholarship application OR preferably please scan and email form to [fhcsfscholarship@gmail.com](mailto:fhcsfscholarship@gmail.com) with "Applicant's Name & LOR" in the subject line. The application forms must be **emailed no later than APRIL 15, 2026**.

Name of FHCSF Scholarship Applicant: \_\_\_\_\_

Name of School/Organization: \_\_\_\_\_

Evaluator's Name and Position/Title: \_\_\_\_\_

Evaluator's Email Address: \_\_\_\_\_

Length of time you have known the applicant: \_\_\_\_\_

**Please rate the applicant on the following behaviors by circling the number that best describes your experience with him/her.**

|                        | <u>Exceptional</u> | <u>Above Average</u> | <u>Average</u> | <u>Below Average</u> | <u>Not Evident</u> |
|------------------------|--------------------|----------------------|----------------|----------------------|--------------------|
| Leadership             | 1                  | 2                    | 3              | 4                    | 5                  |
| Intellectual Curiosity | 1                  | 2                    | 3              | 4                    | 5                  |
| Integrity              | 1                  | 2                    | 3              | 4                    | 5                  |
| Responsibility         | 1                  | 2                    | 3              | 4                    | 5                  |
| Initiative             | 1                  | 2                    | 3              | 4                    | 5                  |

**Additional information or comments that you would like to share may be included here:**

Evaluator's Signature: \_\_\_\_\_

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