## Dallas T. Lower Memorial Scholarship Application



Please provide the requested information accurately and completely. Failure to do so may result in disqualification from the selection process. In the event you are awarded a scholarship, First Command Educational Foundation (FCEF) reserves the right to use your name, picture, and scholarship award information for any FCEF publication, websites, social media posts, or other promotional products. **Please print or type legibly. Applications may only be submitted from November 1-30.** 

Applicant I	nformation					
Last Name:			First Name:	MI:		
Address:			City:	State:	ZIP:	
Cell Phone:	Dist	rict Name:		Years with FCFS:		
Email Address:						
Please check the a	ppropriate category:					
	☐ FCFS Financial Adviso	r (Advisor#:	)	☐ FCFS Field Staff		
FCFS Advisor Only	:					
DA Name:				DA Advisor#		
DAO Name:				DAO Advisor#:		
Field Staff Only:						
Advisor Name:				DA Advisor#:		
Indicate the adva	nced professional designa	ation for which y	ou are seeking r	eimbursement: (Please ched	k the appropriate box)	
☐ CFP	☐ ChFC	☐ ChFA	□ CLU			
☐ CFA	□ CASL	□ Other				

Short Answer						
lease answer the following	questions using <b>only</b> the space provided.					
ow would you benefit from this scholarship/reimbursement?						
	our current community involvement and efforts to create abundant lives and ess for your clients and in your local community.					

(Field Staff Only) Discuss how your license or certification will make you more effective in your office.					
I certify that all information provided agree that First Command Educationa award information for FCEF publication	I Foundation (FCEF) has pe	rmission to use my nan	ne, picture, and scholarship		
Signature			Date		
Please include your organiza	ations social media acco	unts so we can "tag"	you in photos we post.		
© <sub>@</sub>	<b>6</b> @	<u> </u>			