



## POLICIES GOVERNING THE ANCHOR PROJECT LIFESAVER SCHOLARSHIP

1. Project Lifesaver will provide the administration of the scholarship funds.
2. Project Lifesaver Scholarship Committee may receive recommendations for scholarships from any graduating Anchor Club member, Pilot Club, Pilot District, or the Executive Committee of Pilot International.
3. Recommendations, together with a completed application executed by Applicant, must reach Pilot International Headquarters postmarked by **April 15**. This deadline must be met in order to be considered for the ensuing school year.
4. The Scholarship Committee will review scholarship applications and make a recommendation to Project Lifesaver International.
5. Scholarship funds may be used for tuition and related educational expenses. Actual amounts awarded may vary.
6. Upon application approval, the Applicant will be notified and payment will be made in one installment directly to the Applicant's educational institution upon receipt of the appropriate forms.
7. An Applicant may reapply annually with an updated application and supportive documents.

**All Applicants must:**

- a) Be a graduating high school senior and an active member of an Anchor Club or a current student attending a secondary education institution and an active member of an Anchor Club.
- b) Currently possess and maintain a cumulative grade point average of 3.25 on a 4.0 scale and 4.01 on a 5.0 scale.
- c) Submit an official transcript(s) of the most recent college-level course work. The transcript must be received from the official Registrar's office in a sealed envelope. (Not applicable to all Applicants).
- d) Applicant must submit a copy of the scholarship application to his/her Anchor Club Advisor, District Anchor Coordinator, and sponsoring Pilot Club.
- e) Applicant must submit **two letters of recommendation** that address character, commitment and ability. The letters must be dated within twelve (12) months of the date of application. The letters should be from qualified persons, i.e., former teachers or professors who previously taught the Applicant; a faculty advisor or an employer.
- f) The Applicant must be entering the field of brain related disorders or the EMT, Paramedic or Fire & Safety public sectors.
- g) In order to release the scholarship funds, Pilot International must receive the **Registration Verification Form**. Your transcripts must be received with this form. The scholarship payment must be requested within six (6) months after the scholarship is awarded or the scholarship is automatically canceled. The Applicant may apply for reinstatement of a portion of the scholarship funds for use by the student during the academic year by writing a full explanation to Pilot International Headquarters. All members of the scholarship committee must approve the request for reinstatement and set the amount of funds that can be released.

**Scholarship Applications That Are Incomplete or Do Not Include the Specified Items Will Not Be Processed**

**STUDENT APPLICATION**  
**(Must be in TYPE or PRINT)**

**Biographical Information:**

Name \_\_\_\_\_

Permanent mailing address \_\_\_\_\_

\_\_\_\_\_

Phone/email \_\_\_\_\_

Current Occupation \_\_\_\_\_ (if more than student)

Name and address of nearest relative \_\_\_\_\_

\_\_\_\_\_

**Academic Record:**

**1. Educational Background:**

Please provide the name and location of the schools you have attended:

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

\_\_\_\_\_

College/University \_\_\_\_\_

\_\_\_\_\_

Degree/Certification Granted (if applicable) \_\_\_\_\_

\_\_\_\_\_

Academic status at the beginning of the term of scholarship:

- Freshman    ▪ Sophomore    ▪ Junior    ▪ Senior    ▪ Master's Candidate
- Program Participant

Most recent GPA \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ Hours completed \_\_\_\_\_

Additional hours needed to complete degree \_\_\_\_\_

Planned degree \_\_\_\_\_ Anticipated graduation date \_\_\_\_\_

**2. Name and address of the college/university you attend/plan to attend:**

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Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Career Plans:**

**1. What are your educational goals? (curriculum/major)**

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**2. What are your career goals? (Explain in 100-150 words).**

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**3. Write a 100-300 word essay relating how you will use your education to help those with brain disorders/disabilities.**

**4. Attach a summary of your volunteer service and employment history. In addition to this, you may attach a current resume.**

**5. Attach two (2) letters of recommendation dated within twelve (12) months of this application.**

**MAKE SURE YOUR APPLICATION IS COMPLETE**

Please mail to:

Pilot International Headquarters  
*Anchor Project Lifesaver Scholarship*  
102 Preston Court  
Macon, GA 31210

## Registration Verification and Payment Terms

To be completed by the school's Registrar or Business Office

College/University \_\_\_\_\_

Student: \_\_\_\_\_ ID# \_\_\_\_\_

Scholarship Amount: \$ \_\_\_\_\_ Academic Year: \_\_\_\_\_

Check one: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Checks should be made payable to: \_\_\_\_\_

and sent to: \_\_\_\_\_

\_\_\_\_\_  
(Address)

I certify the above information is verified and correct.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Full payment will be made to the institution upon receipt of this  
form AND the student's most recent transcript**

**Please mail to:**

Pilot International Headquarters  
***Anchor Project Lifesaver Scholarship***  
102 Preston Court  
Macon, GA 31210  
[www.pilotinternational.org](http://www.pilotinternational.org)



*Revised January 2020*