



## Coastal Carolina Scholarship Guidance Counselor and Applicant's Press Release and Affidavit

The Following information is to be completed by your Guidance Counselor  
Academic Record:

(Applicant's Name) \_\_\_\_\_'s

Grade point average is \_\_\_\_\_, based on

(number of) semesters \_\_\_\_\_

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

\_\_\_\_\_  
Printed name of Counselor

\_\_\_\_\_  
(Guidance Counselor's signature)

Date \_\_\_\_\_



Coastal Carolina Scholarship Guidance  
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**Scholarship Recipient Press Release**

Recipient's full name (printed): \_\_\_\_\_

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

I do \_\_\_\_\_ do not \_\_\_\_\_ give the Military Officers' Association of America, Coastal Carolina Chapter, permission to use any image of myself for purpose of publication in media outlets, including print, newspapers, magazines, radio, television, online, and specifically on the New River Chapter web page.

\_\_\_\_\_

Signature of Scholarship Recipient

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

\_\_\_\_\_

Printed name of Parent or Guardian

\_\_\_\_\_

Signature of Parent or Guardian

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



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## AFFIDAVIT

### MOAA, Coastal Carolina Chapter Annual Scholarship

If I am the recipient of the Coastal Carolina Chapter Annual Scholarship, I understand and agree to the following:

- If I accept an appointment at a service academy or an ROTC Scholarship, I will immediately notify the MOAA, Coastal Carolina Chapter Scholarship Chairperson.
- I understand that the scholarship funds awarded by the Coastal Carolina Chapter are restricted to the payment of tuition, academic fees, books, room and board.
- I understand that if I fail to matriculate at an accredited institution in the Fall of my declared year, I must return all the scholarship money awarded by the MOAA, Coastal Carolina Chapter.
- I understand and agree that the Selection Committee is solely responsible for the selection of the scholarship winners and its decision is final.
- In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand that falsification of information will result in termination of the Coastal Carolina Scholarship awarding process.

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

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

\_\_\_\_\_  
Signature of Parent or Guardian

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