**MEMORANDUM FOR** Professor of Military Science

**SUBJECT:** Scholarship Benefit Package Election

1. For School Year (\_\_\_\_\_\_\_), I choose to receive scholarship benefits as indicated with my initials below.

2. \_\_\_\_\_\_\_\_\_\_ Scholarship benefits are to be used for tuition and fees.

3. \_\_\_\_\_\_\_\_\_\_ Scholarship benefits are to be used for room and board. I understand that to receive benefits for:

a.\_\_\_\_\_\_\_ College/university room and board, I must reside in the college/university dormitory and use an approved meal plan through the college/university.

b.\_\_\_\_\_\_\_ College/university sponsored housing, I must provide the PMS a lease agreement/receipt for the school term and I will be reimbursed on the cost basis certified by the PMS.

c.\_\_\_\_\_\_\_\_\_ Leased housing (not sponsored by the college/university) and I will be reimbursed on the average cost of the geographically closest college/university sponsored housing.

4. \_\_\_\_\_\_\_\_\_If I elect to receive scholarship benefits for housing, I understand that I will be reimbursed for the average cost of an approved meal plan through the college/university or for the geographically closest college/university approved meal plan if my college/university does not have a sponsored meal plan.

5.\_\_\_\_\_\_\_\_I understand that I may not change this choice until the Fall term of the next school year.

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Print Name of Cadet Cadet Signature

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Date

**INSTRUCTIONS FOR FILLING OUT SCHOLARSHIP BENEFIT ELECTION FORM.**

* If cadet initials Paragraph 2, then they need to initial Paragraph 5.
* If cadet initials Paragraph 3, then they need to initial EITHER 3a or 3b or 3c and also Paragraphs 4 & 5.