



**The 109<sup>th</sup> INFANTRY REGIMENT ASSOCIATION  
LEGACY SCHOLARSHIP APPLICATION  
In Honor of  
CW4 JOHN W. DERENICK**

**Application Checklist:**

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

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

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

**Complete and Check:**

My application is for One (1) school

Acceptance letter enclosed  Financial award letter enclosed

My application is for multiple schools

Number of school acceptance letters

Number of financial award letters

I have enclosed the following:

Letter of recommendation (2)

Completed 109<sup>th</sup> Infantry Regiment Association Legacy Scholarship Application

Do not attach any documents or additional pages except as required. Review your application completely. If you cannot answer a question, put a reason in the field. Have someone proofread your application. **NOTE: Incomplete applications will be considered.** Each application is judged on its own merit so include any information that makes you exceptional. Keep a copy of everything you submit. Finally pay attention to the deadline date. **Applications must be mailed with a postmark no later than the date indicated below.** Applications past the deadline date will not be considered.

**APPLICATIONS ARE DUE: MARCH 31 (For the current Academic Year)**

# 109<sup>th</sup> INFANTRY REGIMENT ASSOCIATION LEGACY CHOLARSHIP APPLICATION

**ELIGIBILITY:** Child/children or legally adopted child/children of a spouse by a prior marriage or dependent child as defined by the United States Armed Services for active duty personnel of the United States military and those guardsmen who are present or past members of the **109<sup>th</sup> INFANTRY BATTALIONS and or the 55 BDE which draws its linage from the 109<sup>th</sup> Infantry**. Must be a high school senior to apply for this scholarship. Please download application at [www.109thinfantry.org](http://www.109thinfantry.org). Mail application to: Mr. Ron Barkofsky 27 Circle Drive, EYNON, PA 18403. PLEASE TYPE OR PRINT LEGIBLY.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF BIRTH MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

I AM A CHILD/STEPCHILD/RELATIVE OF 109TH MEMBER (Specify \_\_\_\_\_)

NAME \_\_\_\_\_

RANK \_\_\_\_\_ UNIT \_\_\_\_\_ DATES OF ENLISTMENT \_\_\_\_\_

## ACADEMIC RECORD *This section is to be completed by a high school official.*

Point of Contact (POC) Direct Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_  
POC Email: \_\_\_\_\_

Name of HS \_\_\_\_\_ HS Enrollment \_\_\_\_\_

Number of students in applicant's class \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ Class Rank \_\_\_\_\_

HS Graduation Date \_\_\_\_\_ SATScore Math \_\_\_\_\_ Verbal \_\_\_\_\_

Written \_\_\_\_\_ Total \_\_\_\_\_ and/or ACT score \_\_\_\_\_

Name Print \_\_\_\_\_ Signature \_\_\_\_\_  
*Affix school stamp or seal*

\* In no less than 500 words, describe your school and community activities. What value did you add? What values did you receive?

*Note: \* Affix separate pages as necessary.*

\* What program do you plan on pursuing when you enter a post-secondary institution? How will this benefit you and your community?

\* What post-secondary institution do you want to attend? Why?

*Note: \* Affix separate pages as necessary.*

\* Describe activities that would provide examples of leadership skills/abilities.

\* How did the veteran you are related to impact your life? Use additional sheet if necessary.

*Note: \* Affix separate pages as necessary.*

## CERTIFICATION

If I am selected as a scholarship recipient and in consideration thereof, I understand, agree, and hereby grant permission to the 109<sup>th</sup> Infantry Regiment Association to use my likeness (Photo) and name in announcing and promoting this scholarship program. I understand and agree that the 109<sup>th</sup> Infantry Regiment Association Legacy Scholarship Committee is solely responsible for the selection of the scholarship recipients and its decision is final. I have completed the scholarship application and have attached the required documents. I grant permission to the school of higher education I attend to release information concerning my enrollment status, academic standing, and financial need to the 109<sup>th</sup> Infantry Regiment Association for use in administering my scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in termination of the 109<sup>th</sup> Infantry Regiment Association Legacy Scholarship.

---

Student's Signature

---

Date

If my child is selected as a scholarship recipient and in consideration thereof, we understand, agree, and hereby grant permission to the 109<sup>th</sup> Infantry Regiment Association to use my child's likeness and name in announcing and promoting this scholarship program. I understand and agree that the 109<sup>th</sup> Infantry Regiment Association Scholarship Committee is solely responsible for the selection of the scholarship recipients and its decision is final. My child has completed the scholarship application and has attached the required documents. I grant permission to the school of higher education my child attends to release information concerning my child's enrollment status, academic standing, and financial need to the 109<sup>th</sup> Infantry Regiment Association for use in administering my child's scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in termination of the 109<sup>th</sup> Infantry Regiment Association Legacy Scholarship.

---

Parent's/Guardian's Signature

---

Date