



Air Force Retired Officers Community (AFROC)/ Falcons Landing Scholarship

Scholarship Amount: \$1500

Number of Awards Granted: 18 (1 Per School)

Criteria:

- Must be a graduating senior from a Loudoun County Public High School.
- Must have a cumulative GPA of 3.0 or better.
- Must be attending a two- or four-year accredited college or university.
- Must include the following documentation:
 - Transcripts
 - Two letters of recommendations
 - Application Form, including essays. **Note: AI is prohibited for all essays.**
 - Financial Statement Form
 - Copy of FAFSA

Deadline: April 30, 2026

Submission package must be emailed to: FalconsLanding-Scholarship-Applications@falconslanding.org

Application Form

Name of High School:

Applicant's Full Name:

Applicants Email:

Date of Birth:

Phone:

Parent(s) or Guardian(s):

Address:

Accepted by (Colleges/Universities):

Scholastic Honors:

Extra-curricular Activities (including years participated and offices held):

Community Activities (including years participated and offices held):

To be completed by school counselor

Class Rank: _____ **GPA:** _____

Please reply to the following questions in essay form. Use another sheet if necessary. AI is prohibited for this section.

Describe your planned course of studies and educational goals and explain why you have chosen this field.

Explain why you need and will benefit from this scholarship.

Financial Statement

Student Employment (Full-Time and Part-Time for last two years):

Employer	Type of Work (FT, PT)	Employed From	Employed To

Family Income:

Occupation

Annual Income

Father

Mother

*Other

**Specify by Source, such as Social Security, Veteran's Benefits, Investment Income, etc.*

Estimated Expenses for One School Year

Tuition & Fees

Transportation

Room & Board

Clothing

Books & Supplies

Laundry

Medical, incl. Insurance

Other

Expected Financial Resources (per year)

From Family

From Other Scholarships

From Earnings

From Contributions

From Other Sources (Trust Funds, Insurance, etc.)

Other Dependents in Family

Name	Age	School

I/We declare the information in this application and financial statement to be true and accurate, to the best of my/our knowledge.

Signature of Student

Signature of Parent/Guardian(s)

I authorize the release of transcript to the Scholarship Committee so that he/she may be considered for this scholarship.

Signature of Student

Signature of Parent / Guardian if student is under 18 Years of Age

Date