

The Andrew S. and Joan Miller Scholarship  
For Salvationists  
University of Indianapolis

GUIDELINES

**Recipients in priority Order:**

Salvation Army Officers  
Children of Salvation Army Officers  
Salvationists

**Recipient eligibility – First Application:**

University acceptance of admission

**Application Procedure:**

Applications should be submitted by May 1<sup>st</sup> of each year for determination of the Fall semester. All applications should be sent directly to:

The Salvation Army - ORD  
10 West Algonquin Road  
Des Plaines, Illinois 60016

Or, email a clean scanned copy through Lotus Notes to Officer Resource & Development, USA Central Territory for processing.

Recipients should be determined on the basis of need as well as high school academic record or previous college study transcript in the above priority order. The recipient must have maintained at least a 2.0 GPA in prior studies.

Further questions may be directed to the ORD Department at THQ.

**APPLICATION  
THE ANDREW S. AND JOAN MILLER SCHOLARSHIP  
FOR SALVATIONISTS  
UNIVERSITY OF INDIANAPOLIS**

Print or type the following information:

Name \_\_\_\_\_  
Last Name First Name Middle Initial

Officer Rank (If applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of High School \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Names and Dates of Colleges Attended:

\_\_\_\_\_  
\_\_\_\_\_

Home Corps: \_\_\_\_\_ Division: \_\_\_\_\_

Parent's Name & Rank (for children of Officers): \_\_\_\_\_

Address: \_\_\_\_\_

**University of Indianapolis: Currently Enrolled Yes ( ) No ( )**  
**Enrolled as: Full-time Undergraduate ( ) Full-time Graduate Student ( )**

**Year: 1 ( ) 2 ( ) 3 ( ) 4 ( )**

Student Mailing Address at University of Indianapolis:

\_\_\_\_\_

I have received this award the following school terms:

20\_\_\_\_ to 20\_\_\_\_ \$ \_\_\_\_\_ 20\_\_\_\_ to 20\_\_\_\_ \$ \_\_\_\_\_

List all other sources of financial aid (grants, scholarships, loans, etc.) which you will receive:

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If granted this scholarship, I agree to send a grade report for each year I receive this award

Applicant Signature: \_\_\_\_\_

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

Type or Print Name of Applicant: \_\_\_\_\_

Divisional Finance Board Stamp:

Education Committee Stamp:

\_\_\_\_\_  
ORD Secretary

\_\_\_\_\_  
Territorial Secretary for Personnel