Unit Verification					
AFSF	A Front Ra	nge Cha	apter S	cholarship	Program
Commander Verification	<u>on</u>				
First Name	Last Name		MI	Position (CC, CCF o	r SFM) Rank
Unit Address					
			T		
City		State			Phone Number
Email Address:			1		
Applicant Information:					
Last Name	First Name		MI	Rank/Status	
Sponsor's Information	if Different from Ap	plicant:	1		
Last Name	First Name		MI	Rank/Status	
Unit Certification:					Initials
The information supplied is accurate to the best of my knowledge about the applicant					
The applicant is currently enrolled in school or will be in the next session					
The applicant is a unit r	-	-		PT score, no NJP actio	ns
pending or is an immed	liate family member	(non active dut	y).		
Current Separation Dat	te of Member:				
Full Signature					Date
Additonal Notes/Comm	onts (Any additional	comments the	commander	wishes to provide):	
		comments the	commanuel	wishes to provide).	