

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2004**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

**A** For the 2004 calendar year, or tax year beginning Jul 1, 2004, and ending Jun 30, 2005

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	<b>C</b> Name of organization <u>ASMC-Buckeye Chapter</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. Box 360674</u> City or town, state or country, and ZIP + 4 <u>Columbus OH 43236-0674</u>	<b>D</b> Employer identification number [REDACTED]
		<b>E</b> Telephone number <u>440-1993</u> (614) <u>523-0195</u>
		<b>F</b> Group Exemption Number

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**I** Web site: www.asmc-buckeye.org

**J** Organization type (check only one) -  501(c) ( 3 ) (insert no.) 4947(a)(1) or 527

**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 53,705.

**Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)**

REVENUE	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	42,004.
	<b>3</b> Membership dues and assessments	<b>3</b>	537.
	<b>4</b> Investment income	<b>4</b>	157.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	<b>5c</b>	
	<b>6</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>6a</b> Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b>	
<b>6b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>		
<b>6c</b> Net income or (loss) from special events and activities (line 6a less line 6b)	<b>6c</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>7b</b> Less: cost of goods sold	<b>7b</b>		
<b>7c</b> Gross profit or (loss) from sales of inventory (line 7a less line 7b)	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ <u>Fund Raising</u> )	<b>8</b>	11,007.	
<b>9</b> Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	53,705.	
EXPENSES	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	257.
	<b>16</b> Other expenses (describe ▶ <u>See Other Expenses Statement</u> )	<b>16</b>	35,203.
<b>17</b> Total expenses (add lines 10 through 16)	<b>17</b>	35,460.	
<b>18</b> Excess or (deficit) for the year (line 9 less line 17)	<b>18</b>	18,245.	
NET ASSETS OR FUND BALANCES	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	8,475.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18 through 20)	<b>21</b>	26,720.

**Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See Instructions)**

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	8,475.	<b>22</b> align="right">26,720.
<b>23</b> Land and buildings	0.	<b>23</b> align="right">0.
<b>24</b> Other assets (describe ▶ )	0.	<b>24</b> align="right">0.
<b>25</b> Total assets	8,475.	<b>25</b> align="right">26,720.
<b>26</b> Total liabilities (describe ▶ )	0.	<b>26</b> align="right">0.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	8,475.	<b>27</b> align="right">26,720.

Statement of Program Service Accomplishments (See Instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? To promote education on DoD Comptrollership and education in general. Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	Conducted membership education luncheons and Fairs (approx 200 attended)	(Grants \$ 0.)	28a 17,814.
29	Scholarships	(Grants \$ 0.)	29a 4,024.
30		(Grants \$ )	30a
31	Other program services (attach schedule)	(Grants \$ )	31a
32	Total program service expenses (add lines 28a through 31a)		32 21,838.

List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Ben Roberts P.O. Box 360674 Columbus, OH 43236	President 10	0.	0.	0.
See List of Officers, Etc. Statement		0.	0.	0.

Other Information (Note the attachment requirement in the instructions)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		0.
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization		
41	List the states with which a copy of this return is filed		None
42	The books are in care of		Rena Walters
	Located at		3990 East Broad Street; Columbus, OH
	Telephone no.		(614) 693-4860
	ZIP + 4		43216-2315 2317
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	157.

I, under penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Type or print name and title: \_\_\_\_\_

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: Non-Paid Preparer EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information — (See separate instructions.)

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization <b>ASMC-Buckeye Chapter</b>	Employer identification number <b>31-1298791</b>
---	---

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
-----				
-----				
-----				
-----				
-----				
-----				
-----				

Total number of other employees paid over \$50,000	None
--	------

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
-----		
-----		
-----		
-----		
-----		
-----		
-----		

Total number of others receiving over \$50,000 for professional services	None
--	------

**Statements About Activities** (See instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ..... \$ <u>0.</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) ..... Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? .....	2a	X
<b>b</b> Lending of money or other extension of credit? .....	2b	X
<b>c</b> Furnishing of goods, services, or facilities? .....	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	2d	X
<b>e</b> Transfer of any part of its income or assets? .....	2e	X
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.) .....	3a	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees? .....	3b	X
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....	4a	X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....	4b	X

**Reason for Non-Private Foundation Status** (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state -
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)



**Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....			
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)				
-----				
-----				
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)				
-----				
-----				
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges? .....	33a		
b	Admissions policies? .....	33b		
c	Employment of faculty or administrative staff? .....	33c		
d	Scholarships or other financial assistance? .....	33d		
e	Educational policies? .....	33e		
f	Use of facilities? .....	33f		
g	Athletic programs? .....	33g		
h	Other extracurricular activities? .....	33h		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)				
-----				
-----				
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a		
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. ....	35		

**Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked 'a' and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		0.
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		0.
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		0.
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table — If the amount on line 40 is — <b>The lobbying nontaxable amount is —</b>			
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	0.
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		0.
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		0.
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		0.

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots non-taxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (add lines c through h.) .....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Form 990-EZ Information Regarding Transfers Associated with Personal Benefit Contracts 2004**

Name as Shown on Return ASMC-Buckeye Chapter	Employer Identification No. 31-1298791
---	---

1. Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....  Yes  No  N/A
2. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....  Yes  No  N/A

ASMC-Buckeye Chapter

31-1298791

1

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)	
Program Expenses	21,574.
Scholarships	4,024.
Fund Raising Expenses	7,605.
Donations to charities	2,000.
<b>Total</b>	<u>35,203.</u>

Form 990-EZ, Page 2, Part IV

**List of Officers, Etc. Statement**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Debra White-Johnson P.O. Box 360674 Columbus, OH 43236	President-Elect 10	0.	0.	0.
Renaë Walters P.O. Box 360674 Columbus, OH 43236	Treasurer 10	0.	0.	0.
Joy Fenwick P.O. Box 360674 Columbus, OH 43236	Vice-President Program 10	0.	0.	0.
Christine Preneveau P.O. Box 360674 Columbus, OH 43236	Secretary 10	0.	0.	0.
Lisa Snyder P.O. Box 360674 Columbus, OH 43236	Vice-President Partic 10	0.	0.	0.
<b>Total</b>		<u>0.</u>	<u>0.</u>	<u>0.</u>

990 EZ Form  
Part III, Line 3a Explanation

Annually we mail, to all of the high schools in Franklin county and surrounding communities, scholarship applications, award criteria, submission requirements and letters soliciting nominees from each school.

We forward via email, to the Columbus Board of Education and the Coordinator for the City guidance counselors, scholarship applications, award criteria, submission requirements and letters soliciting nominees from each school.

The Coordinator for the guidance counselors also presents the information at their January meeting.

Notices are placed in the ASMC Buckeye Chapter Newsletter alerting members of the criteria and time to apply for scholarships.

Scholarship applications are also on the ASMC Buckeye Chapter website.

## **ASMC Buckeye Chapter Scholarship and Ohio Business Week Scholarship award criteria:**

- Applicant must be a graduating high school senior in the final half of his/her school year, or a high school graduate within six months of the application deadline.
- Applicant must be entering a field of study directly related to financial/resource management (such as business administration, economics, public administration, accounting, finance) Applications that do not fall within these fields will not be considered.
- Application must be submitted on the current official ASMC Buckeye Chapter Scholarship Form. Incomplete applications or submissions that do not follow the submission criteria will be returned to the student without processing.
- Applicant must have three letters of recommendation from their high school principal, academic dean, guidance counselor or high school teacher.
- Applications will be typewritten and include only the information requested in the application and will be stapled in the top left hand corner. No other binding is permitted.

## **ASMC Buckeye Chapter Douglas Battle Scholarship award criteria:**

- Applicant must be an active member in good standing of ASMC. Applicant must have been a member for at least two full consecutive years prior to the submission date of the application.
- Applicant must be entering or be in a business or source management field of study relating to military comptrollership (business administration, economics, public administration, accounting, etc.)
- Applicant's justification of desired educational outcome and financial need will be key factors in selection.
- Applicant must have two letters of recommendation from (1)an organizational manager, personnel/ training officer or supervisor and (2) an academic institution official.
- No applicant will be permitted to be a Douglas Battle award recipient more than twice. No member may be selected two consecutive years.
- Applications that meet national criteria will be forwarded.

**ASMC Buckeye Chapter Community Service  
Mary Ann White Scholarship award criteria:**

- Applicant must be a graduating high school senior in the final half of his/her school year, or a high school graduate within six months of the application deadline.
- Applicant must have 100 hours of Community Service over and above that required for graduation, or 5 extra volunteer activities, of at least 20 hours each, and be entering a field of study directly related to financial/resource management (such as business administration, economics, public administration, accounting, finance). Applicants that do not meet these requirements will not be considered.
- Application must be submitted on the current official ASMC Buckeye Chapter Scholarship Form. Incomplete applications or submissions that do not follow the submission criteria will not be processed or considered for evaluation.
- Applicant must have three letters of recommendation from: (1) local ASMC chapter president, (2) high school principal, academic dean, or guidance counselor and (3) a high school teacher.
- Application will be typewritten and include only the information requested in the application and will be stapled in the top left hand corner. No other binding is permitted.

Selection criteria is as follows:

- Applicant's scholastic achievements, leadership ability, extracurricular activities, career/academic goals and financial need will be considered and must be documented in letters of recommendation and summarized on the form.

The ASMC Buckeye Chapter determines the number of scholarships awarded annually based on the funds that are available.

The amounts of each scholarship awarded was determined by the executive committee of the Buckeye chapter and incorporated into the chapter bylaws.

Requirements to obtain the high school scholarship awards are the following:

- Applicant must be a graduating high school senior in the final half of his/her school year, or a high school graduate within six months of the application deadline.
- Applicant must maintain a grade point average of 2.5 or higher.
- Applicant must be entering a field of study directly related to financial/resource management (such as business administration, economics, public administration, accounting, finance).

Requirements for the Continuing Members scholarship award are the following:

- Applicant must be an active member in good standing of ASMC. Applicant must have been a member for at least two full consecutive years prior to the submission date of the application.
- Applicant must be entering or be in a business or source management field of study relating to military comptrollership (business administration, economics, public administration, accounting, etc.)
- Applicant must maintain a grade point average of 2.5 or higher.

We supervise all scholarships by requiring the following:

- Grade transcripts, SAT or ACT test scores and a college acceptance letter are required.
- High school scholarship awards are paid directly to the school and applied only to enrolled students.
- Continuing members scholarship awards are paid directly to the member.
- If the terms of the award are violated, the recipients are required to return or pay back the funds, which are returned to our treasury.

Relatives of the selection committee or officers are eligible to apply for scholarship awards made under our program. To ensure unbiased selections are made, a point system is used for rating and ranking all candidates. Once the Education and Scholarship committee completes the rating and ranking process, those names are referred to the Executive Board for review of the process and the final selection.