



# AMERICAN MARITIME OFFICERS (AMO) PLANS

2 West Dixie Highway, Dania Beach, FL 33004  
 Tel: (954) 920-4247 (800) 348-6515 Fax: (954) 920-9482 [www.amoplans.com](http://www.amoplans.com)  
 e mail: amomedical@amoplans.com

For AMO Official Use Only

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

Received By: \_\_\_\_\_

## APPLICATION FOR PREPAID SCHOLARSHIP BENEFIT

The American Maritime Officers Medical Plan provides all eligible Active Participants or Pensioners with prepaid scholarship benefits for each dependent child maintaining a passing average (2.0 G.P.A.) as a full-time student (24 credits a scholastic year) in a qualified Maritime Academy. To be eligible for the benefit, which is predicated on a negotiated contribution rate, the Active Participant or Pensioner must be eligible for medical benefits from American Maritime Officers Medical Plan on the date the dependent student registers and the date the scholastic year ends. The Active Participant or Pensioner must be employed by a company whose contributions to the Medical Plan include funds for the scholarship benefit both on the student's date of registration and the date the scholastic year ends. A commitment to sail for a participating Employer must be signed by the Active Participant or Pensioner and dependent (see reverse side).

### PARTICIPANT INFORMATION

Participant's Name:	SSN: XXX-XX-	Book Number:
Street Address:		
City:	State:	ZIP Code:
Telephone No.:	Last Employer:	From: To:

### DEPENDENT STUDENT INFORMATION

Dependent Student's Name:	SSN: XXX-XX-	DOB:
Name of High School:	Year of Graduation:	
Address of School:		
City:	State:	ZIP Code:

### MARITIME ACADEMY INFORMATION

Name of Academy:	Telephone No.:	
Address of Academy:		
City:	State:	ZIP Code:
Entrance Date:	Expected Graduation Date:	Years Completed:
Major (Field of Study):	Minor (Field or Study):	

Attach copy of official transcript to this form and mail it to American Maritime Officers Scholarship Benefit, P.O. Box 35, Dania Beach, Florida 33004. Prior to issuance of a new scholastic year Prepaid AMO Scholarship benefit, the official school transcripts from the prior year must be submitted for review by the Plan.

### SIGNATURES

**THIS APPLICATION MUST BE SIGNED BY BOTH THE MEMBER AND THE STUDENT**

Member Signature:	Date:
Student Signate:	Date:

### DEFINITIONS

The term "Dependent Student" shall mean:

Each unmarried child who is nineteen years but less than twenty-three years of age provided such child is attending school on a full-time basis and is dependent upon the Participant for principal support and maintenance. School vacation periods during any calendar year which interrupt but do not terminate what otherwise would have been a continuous course of study in that calendar year shall be considered a part of school attendance on a full-time basis. Full-time shall mean the completion of twelve (12) credit hours per semester or its equivalent. Credits completed during summer or winter sessions may be applied to any one semester in a scholastic year.

The term "Child" shall include:

- A legally adopted child;
- Step-child who has been a member of the Participant's household and dependent upon him for support for a period of at least 365 days after the date of the Participant's marriage;
- A foster child or a child under legal guardianship who is a member of the Participant's household and dependent upon him for support for a period of at least 365 days after the date the child is placed in the home.

**DEPENDENT AFFIDAVIT**

I hereby attest that \_\_\_\_\_, my son/daughter/stepson/stepdaughter, is dependent upon me to provide the major portion of his/her support. I further attest that this child meets the definition of the dependent as summarized below.

I understand that I will forgo all future rights to any scholarship benefit if eligibility requirements are not met, unless the prepaid benefit is repaid within six months of failure or dropping out of the qualified Maritime Academy. If repayment is made, the benefit would be available but only on the basis of completing a full year and meeting all other requirements.

I hereby certify that \_\_\_\_\_, upon graduation from a qualified Maritime Academy, is committed to sail for an American Maritime Officers participating Employer.

I hereby certify that the information contained herein is true. I understand that if I make false statement and collect money fraudulently from the American Maritime Officers Medical Plan, I am liable to expulsion from the Union in accordance with the terms of the Constitution.

**SIGNATURES**

Participant/ Pensioner Signature:

Date:

Dependent Student Signature:

Date:

**NOTARY PUBLIC**

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

The foregoing instrument was acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (print name of participant), who personally appeared before me and acknowledged that he/she signed the instrument voluntarily for the purpose expressed in it.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type, or Stamp Commissioned Name of Notary Public

\_\_\_\_\_  
Date Commission Expires

NOTARY SEAL

Personally Known  
 Produced Identification  
Type of Identification:

\_\_\_\_\_