

NCNGA Educational Foundation

SCHOLARSHIP APPLICATION

FOR OFFICE USE ONLY
GPA
INCOME
GUARD
FIELD



Applicant Name _____

Current Status of Enrollment:
High School _____ College _____
Community/Technical College _____
Graduate School _____

7410 Chapel Hill Road
Raleigh, NC 27607-5047

Required Association Member Information

1. Name of NCNG Association member Scholarship Applicant is related to:

2. NCNG Association Member's relationship to Scholarship Applicant:

3. The service member **MUST** be an active or associate (retired) member of the NCNG Association. If not a member of the NCNG Association, you must contact the NCNG Association office at 919-851-3390 to join to be eligible for a Scholarship. YES _____ if member.

4. If Active duty, give rank, unit & Military Occupational Specialty (MOS) of service member

5. If Association member is retired or deceased, provide rank, current unit and/or past unit(s), MOS and dates of service.

6. If deceased, please provide date of death and membership number. If membership number is unknown, please contact the NCNG Association office at the above number to obtain. Proof of membership required upon request.

SCHOLARSHIP INFORMATION

One-year scholarships are awarded to qualified Applicants who are active or associate (retired) members of the North Carolina National Guard Association; spouses; children; grandchildren or legal dependents of active, associate or deceased Life members. Scholarship recipients must attend a regionally accredited institution of education and may re-apply yearly by completing a current application and competing on the same basis as other Applicants.

College students with only one semester remaining prior to graduation are ineligible to receive an award.

REQUIRED INFORMATION

All information is confidential, and tax information will be destroyed after selection process is complete. All applications received will become property of the Educational Foundation. ***This application must be accompanied by the following required attachments, or it will be considered incomplete:***

1. TRANSCRIPTS

- High School Seniors - **official, sealed** high school transcript including first semester of grade twelve
- High School Graduates - **official, sealed** high school transcript
- College Freshmen - **official, sealed** high school and college transcripts.
- All other Applicants - **official, sealed** transcripts for all formal education completed after high school

NOTE: ALL TRANSCRIPTS MUST BE IN A SEALED ENVELOPE FROM SCHOOL

2. INCOME VERIFICATION

Single Applicant - a **signed copy** of page one, **front and back** of **last filed FEDERAL** tax return for **Applicant and whoever claimed Applicant** as a dependent and the page showing **“taxable income”** on their tax return. Transcripts from IRS will **NOT** be accepted.

Married Applicant - a **signed copy** of page one, **front and back** of **last filed FEDERAL** tax return for **Applicant and spouse** and the page showing **“taxable income”** on their tax return. Transcripts from IRS will **NOT** be accepted.

College Applicants that worked, but were also claimed on their parents taxes, will need to submit a **signed copy** of page one, **front and back** of **last filed FEDERAL** tax return for **Applicant and whoever claimed Applicant** as a dependent and the page showing **“taxable income”** on their tax return. Transcripts from IRS will **NOT** be accepted.

3. PERSONAL LETTER

Stating specific educational goals and anticipated occupation or profession in 200 words or less.

Dates for submitting applications are as follows:

College Student and High School Graduates:	January 1 thru February 1
High School Seniors:	February 1 thru March 1

IMPORTANT: See last page of application for further information.

Application must be complete, using "not applicable" (N/A) where necessary)

1. _____
Last Name First Name Middle Initial Social Security Number (last 4)

Applicant's Home Address City State Zip Code Telephone Number

Local/Campus Address of Applicant City State Zip Code Telephone Number

2. _____
Name of Parent(s) or Guardian(s)

Address City State Zip Code Telephone Number

3. School/College currently attending: _____

Address and Telephone: _____

Circle Current **COLLEGE** Class: Freshman Sophomore Junior Senior Post Grad

4. Name of College you plan to attend this fall: _____

Address and Telephone: _____

Have you been formally accepted: Yes _____ No _____

Indicate major/area of study: _____

(If teaching list grade and subject; if medical list specific degree/field)

Anticipated date of **COLLEGE** graduation: _____

5. Leader/Citizenship:

*List civic/community activities in which you have participated within the past two (2) years:

*List school and academic activities in which you have participated within the past two (2) years:

** If needed, use back of application for additional information or attach a separate page.*

* List offices to which you have been elected and honors, awards, and special recognitions, which you have received within the past two (2) years:

** If needed, use back of application for additional information or attach a separate page.*

6. List all monetary educational assistance you anticipate during the next school year (if not listed on the application addendum):

Source **Amount**

7. If you would like an announcement made, list name and address of local newspaper(s):

If I am an award recipient, you have my permission to release award information for publication. If Applicant is under eighteen years of age, parent or guardian please sign.

Date

Signature of Applicant or Parent/Guardian

TO BE COMPLETED BY PARENT OR GUARDIAN
(If Applicant is claimed as dependent on tax return)

1. Occupation of Father: _____

Mother: _____

2. Ages of other dependent children/family members: _____

3. Number of other children attending college/vocational school and name of school(s): _____

4. Comments (i.e., unusual expenses for family members) _____

I hereby declare that to the best of my knowledge and belief the foregoing statements are complete and correct.

Date

Signature of Parent/Guardian

TO BE COMPLETED BY APPLICANT

1. Applicant's occupation: _____

If married, spouse's occupation: _____

2. If student, list any part-time employment-giving name of business and income received. _____

3. Ages of dependent children: _____

4. Are you, the Applicant, a member of the North Carolina National Guard? Yes ____ No ____

If yes, complete the attached application addendum.

5. Are you, the Applicant, an active or associate member of the NC National Guard Association? Yes ____ No ____

If yes, list your membership number _____

6. Comments (i.e., unusual expenses for family members): _____

I hereby declare that to the best of my knowledge and belief the foregoing statements are complete and correct.

Date

Signature of Applicant

ADDITIONAL INFORMATION

SCHOLARSHIP INFORMATION

One-year scholarships are awarded to qualified Applicants who are active or associate (retired) members of the North Carolina National Guard Association; spouses; children; grandchildren or legal dependents of active, associate or deceased life members. Scholarship recipients must attend a regionally accredited institution of education and may re-apply yearly by completing a current application and competing on the same basis as other Applicants.

College students with only one semester remaining prior to graduation are ineligible to receive an award.

Applications are individually and equitably evaluated on the basis of:

1. Academic Achievement:

Applicant's grade point average on current official transcript. ***(GPA must be 2.0 or higher, and Applicant must be enrolled for a minimum of six (6) credit hours per semester).***

2. Need:

Applicant's need for financial assistance in order to continue education.

3. Leadership/Citizenship:

Applicant's involvement and leadership in school, civic and/or community activities.

4. Additional Information:

Applicant's personal letter, unusual and/or specific circumstances, academic workload, quality of completed application package and other pertinent information.

The following Special Scholarships are also available:

- ***Special Population Scholarship:***

Individuals who are learning disabled and/or physically disabled/handicapped may apply.

Please call 919-851-3390 ext. 5 for further information and the appropriate application addendum.

- ***Academic Excellence/Leadership Award:***

- * Applicants must show excellence in academics and leadership

- * Applicants must meet all required criteria with the exception of need

- * A 3.5 or higher GPA is required

- * Must be an undergraduate student at a 4 year college or university

- * Income verification is **NOT** required when competing for this scholarship

- * Applicant must write **"Academic Excellence/Leadership Award Only"** at the top of the first page of the application

- * Applicant **must submit a separate application**, including income verification if they wish to compete for other scholarships.

Please call 919-851-3390 ext. 5 if further information is needed.

Send completed application along with required information to:

North Carolina National Guard Association Educational Foundation, Inc.

7410 Chapel Hill Road

Raleigh, NC 27607-5047

North Carolina National Guard Association

Educational Foundation, Inc.

7410 Chapel Hill Road

Raleigh, NC 27607-5047

919-851-3390 ext. 5

SCHOLARSHIP APPLICATION ADDENDUM

This addendum must be completed and returned with the completed application if Applicant is a member of the North Carolina National Guard, ROTC, or any other military reserve component. The information is needed to determine eligibility for specific Educational Foundation scholarships.

1. Date of original NCNG enlistment: _____
Date of current expiration of term of service (ETS): _____
Date of NCNG commission: _____

2. Are you presently attending or a graduate of the North Carolina Military Academy Officers Candidate School?
Yes ____ No ____

3. Are you a member of the North Carolina National Guard Association? You must be a member of the NCNGA to qualify
Yes ____ No ____

4. Please list income you expect to receive during the next twelve months from the following educational assistance programs:

- a) GI Bill \$ _____
b) ROTC \$ _____
c) NCNG Tuition Assistance Program (TAP) \$ _____
d) Army Continuing Education System (ACES) \$ _____
e) Other programs (name and Amount)
_____ \$ _____
_____ \$ _____

Signature of Applicant

Rank

Unit

North Carolina National Guard Association
Educational Foundation

SCHOLARSHIP APPLICATIONS

IMPORTANT

If a transcript is being sent by the school at the Applicant's request, it is the Applicant's responsibility to follow up and be sure that it is received by the Educational Foundation's office before the deadline for the submission of that application.

Applications that are incomplete or postmarked after applicable due date shown below ***WILL NOT*** be considered for a scholarship.

DUE DATE:

College students and High School graduates: **January 1 through February 1**
Must be POSTMARKED Prior to February 1st

High School Seniors: **February 1 through March 1**
Must be POSTMARKED Prior to March 1st

Check off the following **REQUIRED ATTACHMENTS** indicating they are enclosed or being forwarded by the school, and **RETURN** this sheet with your application.

Transcripts (*must be in sealed envelope from school*): Enclosed _____ School forwarding _____

Income Verification: Enclosed _____

Personal Letter (200 words or less): Enclosed _____

* Name & Telephone Number: _____

* Applicant and/or parent e-mail Address: _____

* REQUIRED INFORMATION