

NCNGA Educational Foundation
REGULAR SCHOLARSHIP APPLICATION

FOR OFFICE USE ONLY
GPA _____
INCOME _____
GUARD _____
FIELD _____
NUMBER _____



Applicant Name

Currently attending:
High School College _____
Community/Technical College _____
Graduate School _____

7410 Chapel Hill Road
Raleigh, NC 27607-5047

REGULAR APPLICATION (TAX INFORMATION IS REQUIRED)

Required Association Member Information

1. Name of NCNG Association member & relationship to Scholarship Applicant:

2. The Association 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.
3. Please provide the following information:
Unit(s) _____ Rank _____
MOS _____ Dates of Service _____
4. If Association member is retired or deceased, please provide the following information:
Unit(s) _____ Rank _____
MOS _____ Dates of Service _____
Retired (date) _____ Deceased (date) _____
5. 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 may qualify for partial scholarship.*

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

Enclosed

School Forwarding

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

Enclosed

Single or Married Applicant - If you were claimed by your parents on their **FEDERAL TAX RETURN** please provide the most recently filed copy of their return. If you claimed yourself please provide a copy of your most recently filed **FEDERAL TAX RETURN**. If the filed form was Form 1040, provide pages 1 and 2. If the filed form was 1040A or 1040EZ, provide only page 1.

This is to ensure that the Education Foundation receives your proper **'taxable income'** so that accurate scoring can be done by the selection committee.

Transcripts from the IRS or electronically filed summary transcripts will **NOT** be accepted. The appropriate copy of the forms listed above must be provided.

3. PERSONAL LETTER

Enclosed

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

DUE DATE:

College students and High School graduates:

January 1 through February 1

Must be POSTMARKED By February 1st

High School Seniors:

February 1 through March 1

Must be POSTMARKED By March 1st

4. CONTACT INFORMATION

Name _____

Telephone number _____

Applicant and/or parent e-mail address _____

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

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

Applicant's Mailing Address City State Zip Code Telephone Number
(If different from home address)

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

Address of Parent(s) and/or Guardian(s) 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:

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

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

Source

Amount

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. 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 may qualify for partial scholarship.

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: use separate AEL Application***

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