

# National Guard Association of Arkansas/Enlisted Association of the Arkansas National Guard Scholarship Program

Post Office Box 663, North Little Rock, Arkansas 72115  
Tel. 501-758-6422/1-800-522-1617

## Scholarship Application

Academic Year 2009/2010

Dear Scholarship Applicant:

Thank you for your interest in applying for a *National Guard Association of Arkansas/Enlisted Association of the Arkansas National Guard (NGAA/EAANG) Scholarship*. It is indeed a privilege and pleasure to welcome your commitment to furthering your education and your interest in the *Scholarship Program*. Thirty \$500 scholarships will be awarded for the academic year 2009-2010.

To ensure your opportunity of being a viable candidate for a scholarship, appearing below are some guidelines that are extremely important as you complete your application for scholarship consideration.

### **VERY IMPORTANT- PLEASE READ**

- You or your sponsor (if you are a dependent) must be a member of the National Guard Association of Arkansas or the Enlisted Association of the Arkansas National Guard (NGAA/EAANG). This is not the same thing as being a member of the Arkansas National Guard. An individual's National Guard Association status may be checked by contacting his/her local unit's NGAA/EAANG representative, or the NGAA office at 501-758-6422 or 1-800-522-1617.
- You or your sponsor must be covered under the group life insurance program administered by NGAA.
- Any military member who is also a dependent must be an NGAA or EAANG member and participate in the NGAA insurance program on their own, not under their family member. You must apply as a member, not a dependent.
- Dependents of deceased members of NGAA/EAANG may apply if the deceased member had coverage under the NGAA group life insurance program.
- All spaces on the application should be completed. If a section does not apply, simply print or type N/A (not applicable) in the space.
- If you are the dependent of a Guard member, Part III, Financial Information, must be completed as pertains to your sponsor, and not for yourself.
- Parts IV through VII are important and each should be carefully considered and completed to the best of your ability.
- Part VIII, Questions 6 & 7, (ACT/SAT scores) are very important -- make sure you provide this information.
- Applications should be neatly printed or typed, preferably typed.
- Applications must be postmarked by the deadline noted on the application, with no exceptions.

Note: Contact NGAA at 501-758-6422 or 1-800-522-1617 for information on how to obtain NGAA group life insurance coverage.

The tips outlined above will help you toward being a more viable candidate in your search for financial assistance to pursue your educational goals. Good luck in your educational endeavors both now and in the future.

# NGAA/EAANG Scholarship Program

Application for Scholarship, Academic Year 2009/2010

P.O. Box 663

North Little Rock, AR 72115

**ELIGIBILITY:**

NGAA/EAANG members (both active and retired Arkansas National Guard members) that are covered under the NGAA group life insurance program, their dependents, and dependents of deceased NGAA/EAANG members that were covered under the NGAA group life insurance program are eligible to apply for scholarships awarded by the *NGAA/EAANG Scholarship Program*.

Deadline for submission of applications is **February 15, 2009**. Applications must be postmarked to the *National Guard Association of Arkansas Scholarship Program*, P.O. Box 663, North Little Rock, AR 72115, by that date. Envelopes should be marked on the outside with "Scholarship Application".

**APPLICATION:** Use a separate sheet of paper if necessary to provide additional information for all of the below categories:

- |                                 |                                 |                                      |
|---------------------------------|---------------------------------|--------------------------------------|
| Part I: Applicant Information   | Part II: Sponsor Information    | Part III: Financial Information      |
| Part IV: Awards and Recognition | Part V: Community Service       | Part VI: Extracurricular Activities  |
| Part VII: Work Experience       | Part VIII: Academic Information | Part IX: Goals and Career Objectives |

## PART I - APPLICANT INFORMATION

1. Applicant name and address:

Last	First	MI	Street	City	State	Zip	<input type="checkbox"/>

2. Home Phone #/Work Phone #	3. E-mail address:	4. Age:	5. Marital status:	6. NGAA/EAANG member? Yes <input type="checkbox"/> No <input type="checkbox"/>
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7. Current member of the Arkansas National Guard? Yes <input type="checkbox"/> No <input type="checkbox"/>	8. Self or sponsor participant in NGAA insurance program? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please list your unit and rank: Unit: _____ Rank: _____ Date joined NG: _____	

9. Check correct academic level:

High school student expecting to attend college full-time/part-time in the fall semester.

Currently enrolled in undergraduate college and expecting to continue full or part-time in the fall semester.

Working on post-graduate degree.

10. Are you a member of ROTC or intend to enroll in ROTC in college? Yes  No

## PART II - SPONSOR INFORMATION (If applicable)

1. Sponsor name and address:

Last	First	MI	Street	City	State	Zip	<input type="checkbox"/>

2. Relationship to applicant:	3. Rank or last rank held	4. Branch: Army <input type="checkbox"/> Air <input type="checkbox"/>
5. Sponsor's current status: Active <input type="checkbox"/> Retired <input type="checkbox"/> Deceased <input type="checkbox"/>	6. If retired, retirement date:	7. NGAA/EAANG member? Yes <input type="checkbox"/> No <input type="checkbox"/>

8. If active, active status: Traditional <input type="checkbox"/> AGR <input type="checkbox"/> Technician <input type="checkbox"/>	9. Current unit, if active:
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## PART III - FINANCIAL INFORMATION (Head of Family)

1. If Head of Family and Applicant are not the same person, was Applicant claimed last year as a dependent on parents' tax return? Yes  No   
*If answer is Yes, parent should complete the rest of Part III; if No, Applicant should complete this part.*

2. Name of Head of Family and Address:

Last	First	MI	Street	City	State	Zip	<input type="checkbox"/>

3. Occupation:	4. Social Security #:	5. Relationship to applicant:
6. Adjusted Gross Income (AGI) last year (federal tax return):		7. Number of dependent children

8. Number of dependents in college next year:	9. List amount of tuition, room and board, and other fees for each college student:
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10. Certification: I certify that all information on this application is true and correct to the best of my knowledge.

Applicant's Signature and Date

Parent/Guardian Signature and Date (if applicable)

### PART IV - AWARDS AND RECOGNITION

List all awards/recognition received in high school, college, or community:

NAME OF AWARD	ORGANIZATION PRESENTING	TYPE	NO. YEARS

### PART V - COMMUNITY SERVICE

List all community service performed while in high school and college:

ORGANIZATION	ACTIVITY PERFORMED	NO. YEARS

### PART VI - EXTRACURRICULAR ACTIVITIES AND AWARDS

List all extracurricular activities in which participated while in high school and college:

ORGANIZATION	OFFICE HELD	TYPE ACTIVITY	NO. YEARS

### PART VII - WORK EXPERIENCE

List all jobs held over the past 10 years (start from most recent):

Name and Address of Company:	Dates Worked From:  To:	Reason for Leaving:
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Name and Address of Company:	Dates Worked From:  To:	Reason for Leaving:

**PART VIII - ACADEMIC INFORMATION**

1. Name and address of high school graduated:

Name Address City State Zip

1a. Years attended From: To: 1b. Graduation Date: 1c. High School GPA:

2. Name and address of college(s) attended:

Name Address City State Zip

2a. Years attended From: To: 2b. Graduation Date: 2c. GPA:

3. Name and address of college(s) attended:

Name Address City State Zip

3a. Years attended From: To: 3b. Graduation Date: 3c. GPA:

4. Name and address of colleges to which applied:

Accepted?

Name Address City State Zip

5. Name and address of colleges to which applied:

Accepted?

Name Address City State Zip

6. ACT Composite Score:

7. SAT Composite Score:

8. What influenced your choice of college(s)?

**PART IX - GOALS AND CAREER OBJECTIVES**

1. Briefly explain your goals and career objectives:

*Thank you for your participation and good luck!*