

**National Guard Association of Indiana
Educational Grant Program Application**

APPLICATIONS MUST BE RECEIVED BY 15 FEBRUARY 2010

School Year: Fall _____ to Spring _____
(Grant covers full school year, i.e., Fall 2009 to Spring 2010)

Guard Member / Dependent (circle one)

1. APPLICANT INFORMATION:

- a. Name _____
- b. Mailing Address _____
- c. Telephone: Day () _____ Evening () _____
- d. (Guard Member only) Pay Grade / Rank _____
- e. (Guard Member only) Unit of Assignment _____
- f. (Guard Member only) Have you been mobilized: Yes No If Yes: Month _____ Year _____
- g. Are you a previous NGAJ Grant recipient? YES NO (circle one). If yes, year received _____

2. SPONSOR INFORMATION (Complete only if you are a dependent of a Guard Member)

- a. Sponsor (Guard Member) Name _____
- b. Pay grade / Rank _____
- c. Mailing Address _____
- d. Telephone: Day () _____ Evening () _____
- e. Unit of Assignment (If retired, last Unit) _____
- f. Was Guard Member killed or permanently disabled while on duty with the Indiana National Guard? YES / NO
- g. Has the Guard Member been mobilized: Yes No If Yes: Month _____ Year _____

3. APPLICANT FINANCIAL INFORMATION:

- a. Are you a dependent for tax purposes? YES NO (circle one)
- b. Prior year's taxable income \$ _____
- c. Anticipated individual contribution \$ _____
- d. Anticipated parental contribution \$ _____
- e. What is the financial need based upon (projected expense) _____

4. APPLICANT ESSAY:

Describe in your own words the educational program you intend to pursue and the goals you wish to attain. Include the reasons you feel you should be considered as a candidate for this grant. State how you intend to use your higher education, the projected benefit to your family, community, country of your education.

The committee will consider academics, commitment/desire to achieve, leadership, athletic activities, extra-curricular activities, accomplishments, and goals. **Please cover all of these major points in the essay.** The suggested length of the essay is 2 pages and attached to this application.

5. SCHOLASTIC HISTORY:

a. High School _____

b. City and State of High School _____

c. Date graduated from High School _____

d. Academic Ranking _____ out of _____

e. College to which admitted _____

f. College address _____

g. College Telephone number (If known) _____

h. Year (Freshman, Sophomore, etc.) _____

i. Major _____

j. Status _____
(Full-time = 12+hrs, $\frac{3}{4}$ time = 9-10 hrs, $\frac{1}{2}$ time = 6-8 hrs, less than half time = 5 or fewer hours)

k. SAT score or ACT Score (if taken) _____

l. Scholastics Honors _____

6. ATHLETIC/FITNESS ACCOMPLISHMENTS (Must be documented):

a. High School Sports/College Sports _____

b. Intramural Sports _____

7. LEADERSHIP ACCOMPLISHMENTS (Must be documented)

a. High school Leadership Positions _____

b. College Leadership Positions _____

c. Community/Civic Leadership _____

d. Student Government _____

e. Military Leadership _____

f. Extra Curricular Leadership _____

8. APPLICANT CHECKLIST:

I have attached the following:

_____ Application, 3 pages

_____ Applicant Essay, 2 pages minimum

_____ Copy of high school or college transcripts

_____ Letter of Acceptance from college/university (if not currently attending)

_____ Scholastic Aptitude Test (SAT) or American College Testing (ACT) scores, if taken

_____ Documentation of Athletic Accomplishments (listed Section 6)

_____ Documentation of Leadership Accomplishments (listed in Section 7)

_____ 2 Letters of Recommendation, 1 from last educational institution, and 1 from non-family community member.

ACKNOWLEDGEMENT:

I UNDERSTAND THAT MY APPLICATION AND ALL REQUIRED DOCUMENTATION MUST BE RECEIVED BY THE NATIONAL GUARD ASSOCIATION OF INDIANA NOT LATER THAN 15 FEBRUARY 2010 AND THAT MYSELF OR SPONSOR (GUARD MEMBER) IS A CURRENT MEMBER IN GOOD STANDING IN THE NATIONAL GUARD ASSOCIATION OF INDIANA AND THAT FAILURE TO ATTACH ANY OF THE ABOVE MATERIAL COULD LOWER THE OVERALL CONSIDERATION OF MY APPLICATION.

I hereby certify that the information given on the application is complete and accurate. I understand that I am responsible for having forwarded to the National Guard Association of Indiana all of the required items. I fully understand that the National Guard Association of Indiana has the right to cancel all benefits of this program if irregularities are verified. I also understand that I must enroll in and complete the school term or refund a pro-rated amount; and if awarded a grant, I authorize the National Guard Association of Indiana to verify my completion of the school term.

Signed _____ Date _____

Send applications to:

Educational Grant Committee
National Guard Association of Indiana
2002 S. Holt Rd, Bldg #9
Indianapolis, IN 46241-4839