

**National Guard Association of Vermont Scholarship Foundation
Sponsored by New England Federal Credit Union**

INSTRUCTIONS - Application for \$1,000 Annual Scholarship: 2019

**Available Scholarships:
Four \$1000 Scholarships for Under Graduate Level**

One \$1000 Scholarship for Graduate Level

[Revised, December 15, 2018 - All previous editions are OBSOLETE]

This Application Must Be:

1. Completed in full as appropriate. **INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.** The APPLICANT has total responsibility for accurate, complete, and timely submission. The foundation assumes no liability for missing or incomplete documents.
2. Printed or typed neatly on the attached form (previous editions of this form will NOT be considered.)
3. Returned to: NGA-VT, Attn: Scholarships, PO Box 694, Essex Junction, VT 05453
4. **RECEIVED at the above address by: February 1, 2019.**

Scholarship Applications will be judged on academic performance, and overall potential for a commitment to selfless public service. Scholarship payments will be made in full to the applicant when confirmation of enrollment is established.

Eligibility and Explanatory Notes:

1. Students pursuing, **ON A FULL-TIME BASIS (12 or more credits), Associate Degrees** (2 or 3 year program), **Undergraduate Degrees** or **Technical Degrees** from schools that are accredited by the U.S. or state Department of Education.
2. Students pursuing **GRADUATE Level degrees (6 or more credits)** from schools that are accredited by the U.S. or state Department of Education.
3. Students may attend Vermont or out-of-state institutions.
4. Scholarships may be awarded to previous recipients if a new application is submitted and meets eligibility requirements.
5. **ACADEMIC INFORMATION:** Applicant must submit a copy of their transcript from the most recent school attended. High School applicants may submit a copy of their most recent report cards.
6. Relationship to the Vermont National Guard - Applicant must be:
A **current member of the National Guard Association of Vermont (NGA-VT)** and
A Current member of the Vermont National Guard, or
An unmarried son or daughter of a current member of the VTNG and NGA-VT or
A spouse of a current member of the VTNG and NGA-VT

Sequence #: _____
Date Rec'd: _____
Complete: _____
Incomplete: _____

APPLICATION
Sponsored by New England Federal Credit Union

\$1,000 Annual Scholarship: 2019
National Guard Association of Vermont
Scholarship Foundation

[Revised December 15, 2018 - ALL PREVIOUS EDITIONS OBSOLETE]

STATEMENT OF POLICY: The APPLICANT must be a member or the legal dependent of a current, retired or deceased member of the Vermont National Guard (VTNG), or a member of the National Guard Association of Vermont (NGA-VT). This application will be considered confidential and will only be used by the Scholarship Foundation. All requested information must be included and it must be neatly printed or typed. The quality of the application will be considered in the selection process. Incomplete applications will not be considered.

APPLICANT

Name: _____
(LAST) (FIRST) (MIDDLE)

Home Address: _____
(Street/P.O. Box)

City: _____ State: _____ Zip code: _____ Telephone: () _____

E-mail Address: _____

Date of Birth: _____ Marital Status: _____

Spouse Name: _____ # of Dependents: ____ # of Dependants in College: _____

High School Attended: _____ City & State: _____

Date of Graduation: _____ Class Standing: _____ In Class Size of : _____

High School Grade Point Average (GPA): _____ On a 0.0 to 4.0 Scale

College To Be Attending in 2018-2019 _____ Major: _____

Attended a Previous College? ____ Yes ____ No If yes, where? _____

Total Semester Hours Completed: _____ Cumulative GPA: _____ On a 0.0 to 4.0 Scale

Expected Graduation Date: _____ Career Goal: _____

Hometown newspaper name and mailing address: _____

Essay: Discuss your commitment to selfless public service or your plan in pursuing it in the future? (Attach).

CERTIFICATION AND PLEDGE: I (we) hereby grant permission to have this application reviewed by the FOUNDATION and/or any college listed on this form. I (we) will notify the FOUNDATION, in writing, of any change of address, college of attendance, financial information, etc. If an award is made, the funds will be used ONLY for payment of necessary tuition, fees and college expenses for attendance at an eligible college or university on a FULL-TIME basis as defined by the college catalog or Registrar. The information submitted herewith is true and correct to the best of my/our knowledge. As the APPLICANT, I fully understand my obligation to maintain a level of academic standing and moral character that will reflect favorably upon the FOUNDATION.

SIGNATURES:

Applicant: _____ **Date:** _____

The individual(s) below must also abide by the pledge and sign, if the applicant is a dependent or under the age of 18.

Guardian: _____ **Date:** _____

Mail Completed Application to:

NGA-VT
ATTN: Scholarships
PO Box 694
Essex Junction VT, 05453