

**National Guard Association of Vermont Scholarship Foundation**  
**Sponsored by**  
**EastRise Credit Union**  
**Vermont Federal Credit Union**  
**The Family of Col. Alan J. Leclair**

**INSTRUCTIONS - Application for \$1,000 Annual Scholarship: 2027**

**Up to Eleven \$1000 Scholarships will be Awarded**

**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.)
2. Returned to: NGA-VT, Attn: Scholarships, PO Box 694, Essex Junction, VT 05453 or scan and email to [info@ngavt.org](mailto:info@ngavt.org)
4. **RECEIVED at the above address by: August 31, 2026.**

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 or retired member of the Vermont National Guard, or  
An unmarried son or daughter of a current or retired member of the VTNG and NGA-VT or  
A spouse of a current or retired member of the VTNG and NGA-VT

Sequence #: \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_  
Complete: \_\_\_\_\_  
Incomplete: \_\_\_\_\_

## APPLICATION

### \$1,000 Annual Scholarship 2027 National Guard Association of Vermont Scholarship Foundation

[Revised, JUN 15, 2026 - All previous editions are 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 Dependents 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 2025-2026 \_\_\_\_\_ 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: \_\_\_\_\_

## **VTNG Specific Information**

Are either you (**APPLICANT**) or your sponsor a current member of NGA-VT? \_\_\_ Yes: \_\_\_ No

Are you (**APPLICANT**) a member or retired member of the VTNG? \_\_\_ Yes: \_\_\_ No

If Yes, what is your Rank: \_\_\_\_\_ Unit: \_\_\_\_\_

If No, who are you related to in the VTNG (Name): \_\_\_\_\_

Relationship: \_\_\_\_\_ Rank: \_\_\_\_\_

Unit: \_\_\_\_\_

**Honors and Significant School Activities** (limit to last four years). Attach additional sheets as needed.

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**Special Skills, Work Experience and Personal Interests** (limit to last four years). Attach additional sheets as needed.

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**What do you want to do with your education?**

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**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

OR

Scan and email to [info@ngavt.org](mailto:info@ngavt.org)