Virginia National Guard Association

Scholarship Application

Name: _____ SSN: ____ - ____ - ____
Last First MI

Mailing Address: _____ Home Phone: ( ) _____

College/University Attending: _____

Address: _____

Number of Semester/Qtr Hrs Completed: _____ GPA: _____ Major: _____

Are you a member of the National Guard? _____ If so, current grade: _____ Unit: _____

Unit Address: _____ **Unit Phone:** ( ) _____

Are you a current paid member of the VNGA? _____ **If yes, Membership #** _____

Are you dependent son, daughter, or spouse of a current, retired, or deceased officer/warrant officer? _____

Are they a current paid member of the VNGA? _____ **If yes, Membership #** _____ Name: _____

Briefly describe your educational and/or military objectives: _____

Have you previously applied for a VNGA scholarship? _____ Date: _____ Amount Awarded: _____

Are you presently receiving any other educational assistance? _____ Type/Amount: _____

List any positions of leadership you have had or now hold: _____

List any honors you have been awarded: _____

Provide a brief statement of your financial need: _____

****IMPORTANT - COMPLETE APPLICATIONS MUST INCLUDE THE APPLICATION FORM, A TRANSCRIPT OF ALL COLLEGE WORK, AND A LETTER OF RECOMMENDATION FROM A FACULTY MEMBER.**
INCOMPLETE PACKAGES WILL NOT BE CONSIDERED.
ALL DOCUMENTS SHOULD BE MAILED NOT LATER THAN 30 SEPTEMBER TO:
VNGA SCHOLARSHIP COMMITTEE, 50 FALCON ROAD, SUITE 37-F, SANDSTON, VIRGINIA 23150-2524

Signature of Applicant: _____ Date: _____

Revised Apr 06 (Previous editions are obsolete)