

# ARKANSAS NATIONAL GUARD FOUNDATION

## Scholarship Program

Post Office Box 663, North Little Rock, Arkansas 72115  
Tel. 501-758-6422

# Scholarship Application

## Academic Year 2020/2021

Dear Scholarship Applicant:

Thank you for your interest in applying for an Arkansas National Guard Foundation (ANGF) Scholarship. It is indeed a privilege and pleasure to welcome your commitment to furthering your education and your interest in the Scholarship Program. Fifty \$750 scholarships will be awarded for the academic year 2020-2021.

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 current member of the National Guard Association of Arkansas or the Enlisted Association of the Arkansas National Guard (NGAA/EAANG) (2020 association dues must have been paid).** 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.
- **You or your sponsor MUST be covered under the group life insurance program administered by NGAA. This insurance is State Sponsored Life Insurance (SSLI) and not Servicemen's' Group Life Insurance (SGLI).** If you (or your sponsor) are not covered under the NGAA SSLI insurance program, contact NGAA at 501-758-6422 for information on how to obtain coverage.
- Any military member who is also a dependent of an NGAA/EAANG member must be a current NGAA or EAANG member and participate in the NGAA insurance program on his/her own. 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.
- Parts IV through VII are important and each should be carefully considered and completed to the best of your ability.
- Part VIII, Items 1c, 2c, or 3c (applicant's most recent GPA percentage) and Items 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 (or electronically submitted) by the deadline noted on the application, with no exceptions.

The above information is very important and will help you toward being a more viable candidate in your search for financial assistance to pursue your educational goals. Best wishes in your educational endeavors both now and in the future.

# Arkansas National Guard Foundation Scholarship Program

**Application for Scholarship, Academic Year 2019/2020**

P.O. Box 663 North Little Rock, AR 72115

**ELIGIBILITY:**

National Guard Association of Arkansas and Enlisted Association of the Arkansas National Guard members (both active and retired Arkansas National Guard members) that are covered under the NGAA group life insurance program (SSLI), 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 *ANGF Scholarship Program*.

Deadline for submission of applications is **January 16, 2020**. If mailed, applications should be addressed to the *ANGF Scholarship Program*, P.O. Box 663, North Little Rock, AR 72115 and must be postmarked no later than January 16, 2020. Envelopes should be marked on the outside with "Scholarship Application". *Electronic submissions may be sent to officestaff@ngaa.org*

**APPLICATION:** (Space is provided at the last page of this application for additional information for all 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
2. Home Phone #/Work Phone #	3. E-mail address:		4. Age:	5. Marital status:		
6. Current member of the Arkansas National Guard Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> AGR <input type="checkbox"/> Technician <input type="checkbox"/> M-Day						
If yes, please list unit/rank/phone: Unit: _____ Rank: _____ Phone No: _____						
7. Self or sponsor participant in <b>NGAA SSLI</b> program? ( <b>Required</b> ) Yes <input type="checkbox"/> No <input type="checkbox"/>			8. <b>2020</b> Association Dues Paid? ( <b>Required</b> ) Yes <input type="checkbox"/> No <input type="checkbox"/>			
9. Check correct academic level:						
<input type="checkbox"/> High school student expecting to attend college full-time/part-time in the fall semester.						
<input type="checkbox"/> Currently enrolled in undergraduate college and expecting to continue full or part-time in the fall semester.						
<input type="checkbox"/> Working on post-graduate degree.						

## PART II - SPONSOR INFORMATION (If applicable)

1. Sponsor name and address:						
Last	First	MI	Street	City	State	Zip
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. Phone No:		7. 2020 Assn member? ( <b>Required</b> ) Yes <input type="checkbox"/> No <input type="checkbox"/>		
8. Current unit & Phone No: _____ <input type="checkbox"/> AGR <input type="checkbox"/> Technician <input type="checkbox"/> M-Day			9. E-Mail Address:			

## PART III - FINANCIAL INFORMATION (Applicant)

1. Occupation:		
2. Expected income in 2017: Over \$10K <input type="checkbox"/> Under \$10K <input type="checkbox"/>		3. Number of dependent children:
4. Estimated amount of tuition, room and board, and other fees:		

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)
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**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:



*Additional Information as desired:*

*Thank you for your participation and good luck!*