

National Guard Association of Arkansas/Enlisted Association of the Arkansas National Guard Scholarship Program

Post Office Box 663, North Little Rock, Arkansas 72115
Tel. 501-758-6422/1-800-522-1617

Scholarship Application

Academic Year 2010/2011

Dear Scholarship Applicant:

Thank you for your interest in applying for a *National Guard Association of Arkansas/Enlisted Association of the Arkansas National Guard (NGAA/EAANG) Scholarship*. It is indeed a privilege and pleasure to welcome your commitment to furthering your education and your interest in the *Scholarship Program*. Thirty \$500 scholarships will be awarded for the academic year 2010-2011.

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 member of the National Guard Association of Arkansas or the Enlisted Association of the Arkansas National Guard (NGAA/EAANG).** 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 or 1-800-522-1617.
- **You or your sponsor must be covered under the group life insurance program administered by NGAA.**
- Any military member who is also a dependent must be an NGAA or EAANG member and participate in the NGAA insurance program on their own, not under their family member. 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 III through VI are important and each should be carefully considered and completed to the best of your ability.
- Part VII, Questions 6-9 (ACT/SAT/GRE/LSAT scores) are very important -- make sure you provide this information, as applicable.
- Applications should be neatly printed or typed, preferably typed.
- Applications must be postmarked by the deadline noted on the application, with no exceptions.

Note: Contact NGAA at 501-758-6422 or 1-800-522-1617 for information on how to obtain NGAA group life insurance coverage.

The tips outlined above will help you toward being a more viable candidate in your search for financial assistance to pursue your educational goals. Good luck in your educational endeavors both now and in the future.

NGAA/EAANG

Scholarship Program

Application for Scholarship, Academic Year 2010/2011

P.O. Box 663

North Little Rock, AR 72115

ELIGIBILITY:

NGAA/EAANG members (both active and retired Arkansas National Guard members) that are covered under the NGAA group life insurance program, 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 *NGAA/EAANG Scholarship Program*.

Deadline for submission of applications is **February 15, 2010**. Applications must be postmarked to the *National Guard Association of Arkansas Scholarship Program*, P.O. Box 663, North Little Rock, AR 72115, by that date. Envelopes should be marked on the outside with "Scholarship Application".

APPLICATION: Use a separate sheet of paper if necessary to provide additional information for all of the below categories:

Part I: Applicant Information

Part II: Sponsor Information

Part III: Awards and Recognition

Part IV: Community Service

Part V: Extracurricular Activities

Part VI: Work Experience

Part VII: Academic Information

Part VIII: 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. NGAA/EAANG member? Yes <input type="checkbox"/> No <input type="checkbox"/>
------------------------------	--------------------	---------	--------------------	---

7. Current member of the Arkansas National Guard? Yes No 8. Self or sponsor participant in NGAA insurance program? Yes No

9. Check correct academic level:

- High school student expecting to attend college full-time/part-time in the fall semester.
 Currently enrolled in undergraduate college and expecting to continue full or part-time in the fall semester.
 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. NGAA/EAANG member? Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

7. Current unit, if active:	8. Home Phone #/Work Phone #:
-----------------------------	-------------------------------

PART III - AWARDS AND RECOGNITION

List all awards/recognition received in high school, college, or community:

NAME OF AWARD	ORGANIZATION PRESENTING	REASON FOR AWARD	DATE(S)

PART IV - COMMUNITY SERVICE

List all community service performed while in high school and college:

ORGANIZATION	ACTIVITY PERFORMED	NO. HOURS PER MONTH	DATE(S)

PART V - EXTRACURRICULAR ACTIVITIES AND AWARDS

List all extracurricular activities in which participated while in high school and college:

ORGANIZATION	OFFICE HELD	TYPE ACTIVITY	NO. HOURS PER MONTH	DATE(S)

PART VI - WORK EXPERIENCE

List last three jobs held (start from most recent):

Name and Address of Company:	Dates Worked From: To:	Reason for Leaving:
Name and Address of Company:	Dates Worked From: To:	Reason for Leaving:
Name and Address of Company:	Dates Worked From: To:	Reason for Leaving:

PART VII - ACADEMIC INFORMATION

1. Name and address of high school graduated:

Name	Address	City	State	Zip
------	---------	------	-------	-----

1a. Years attended From: _____ To: _____	1b. Graduation Date: _____	1c. High School _____
--	----------------------------	-----------------------

2. Name and address of college(s) attended:

Name	Address	City	State	Zip
------	---------	------	-------	-----

2a. Years attended From: _____ To: _____	2b. Graduation Date: _____	2c. GPA: _____
--	----------------------------	----------------

3. Name and address of college(s) attended:

Name	Address	City	State	Zip
------	---------	------	-------	-----

3a. Years attended From: _____ To: _____	3b. Graduation Date: _____	3c. GPA: _____
--	----------------------------	----------------

4. Name and address of colleges to which applied:

Accepted?

Name	Address	City	State	Zip
------	---------	------	-------	-----

5. Name and address of colleges to which applied:

Accepted?

Name	Address	City	State	Zip
------	---------	------	-------	-----

6. ACT Score: _____	7. SAT Score: _____	8. GRE Score _____	9. LSAT Score: _____
---------------------	---------------------	--------------------	----------------------

PART VIII - GOALS AND CAREER OBJECTIVES

1. Briefly explain your goals and career objectives:

Certification: All the information I have provided on this application is true and correct to the best of my knowledge. If I am awarded a scholarship I hereby give NGAA/EAANG permission to issue a news release listing my name, hometown and amount of scholarship.

Applicant's Signature and Date

Parent/Guardian Signature and Date (if applicable)

Thank you for your participation and good luck!