

**APPLICATION**

**COLLEGE SCHOLARSHIP GRANT  
NATIONAL GUARD ASSOCIATION OF SOUTH CAROLINA AUXILIARY**

STATEMENT OF POLICY:

To be eligible to receive financial aid, the applicant must be a member in good standing or the dependent of a member in good standing of the National Guard Association of South Carolina Auxiliary. This application will be considered confidential and will only be used by the Scholarship Committee. **All requested information must be included in order for your application to be processed and it must be neatly printed or typed. Incomplete applications will not be considered. Only applications mailed to NGASCA, PO Box 281, Irmo, SC 29063 will be considered.**

---

I hereby apply for financial aid to assist in the payment of my education expenses at \_\_\_\_\_ (institution of higher learning) for full or part time attendance during the 2017-2018 academic year.

PERSONAL INFORMATION:

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
\_\_\_\_\_(Street/Post Office Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Married: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Are you related to an active, retired or a deceased National Guardsperson? If "yes", answer the following:

Name of Guardsperson: \_\_\_\_\_

Length of Service: \_\_\_\_\_ Rank \_\_\_\_\_ ETS \_\_\_\_\_

Unit \_\_\_\_\_ Commander \_\_\_\_\_

Check one: Guardsperson is: \_\_\_\_\_ Active \_\_\_\_\_ Retired \_\_\_\_\_ Deceased \_\_\_\_\_

Are you an Auxiliary member or the dependent of a member? Check one.

\_\_\_\_\_ Member Auxiliary Membership since \_\_\_\_\_ (Mandatory)

\_\_\_\_\_ Dependent Name of Auxiliary Member \_\_\_\_\_  
Auxiliary Membership since \_\_\_\_\_ (Mandatory)

Name and address of hometown newspaper:

---

---

EDUCATION AND EXPERIENCE (ALL APPLICANTS)

High School \_\_\_\_\_

City and State \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Class Standing: \_\_\_\_\_ out of a class of \_\_\_\_\_.

High School Grade Average: \_\_\_\_\_

Scholastic Aptitude Test (SAT) Scores (if applicable):

Verbal \_\_\_\_\_ Math \_\_\_\_\_ Total \_\_\_\_\_

HONORS AND SIGNIFICANT SCHOOL ACTIVITIES: (Limit to last four (4) years.) Use additional paper is necessary.

---

---

---

---

SPECIAL SKILLS, WORK EXPERIENCE, AND PERSONAL INTERESTS: (Limit to last four (4) years.) Use additional paper if necessary.

---

---

---

---

You may submit narrative explaining extenuating financial circumstances. Use additional paper if necessary.

---

---

---



Number of household members (Head of household, spouse, and other dependents) \_\_\_\_\_

Number of household members attending college \_\_\_\_\_

ADJUSTED GROSS INCOME: (per attached federal income tax form(s) \$ \_\_\_\_\_  
(To be considered a dependent, you must submit your parents' income **and** your own if you are employed.)

NON-TAXABLE INCOME: (as described below)

Social Security, VA Benefits, Child Support, Trusts, Tax-Free Bonds, Welfare, Unemployment,  
NonTaxable Military Pay, Ministerial Allowances, Income Earned Out-of-State or any other income not  
included in adjusted gross income above.

\$ \_\_\_\_\_

TOTAL INCOME: (adjusted gross income plus non-taxable income) \$ \_\_\_\_\_

**NOTE:** Attach to this application a photocopy of the first page (front and back) of your **2015 Federal Income Tax Form 1040 (2016 may not be available yet)**. This must be a true copy of the form submitted to the tax authorities.

List additional financial assistance with amount(s) that you will receive or expect to receive during the same academic year for which you are applying for this scholarship.

SCNG Tuition Assistance Program (TAP) \_\_\_\_\_

Other \_\_\_\_\_

Have you previously received financial assistance from the NGASC Auxiliary or the National Guard Association of South Carolina Scholarship Foundation? \_\_\_\_\_

If "yes", give the dates and amounts: \_\_\_\_\_

PROJECTED BUDGET FOR THE 2017-2018 ACADEMIC YEAR:

Tuition: \_\_\_\_\_ Books: \_\_\_\_\_ Fees: \_\_\_\_\_

Commuting Costs: \_\_\_\_\_ Other: \_\_\_\_\_

Total: \_\_\_\_\_

Additional Remarks:

\_\_\_\_\_  
\_\_\_\_\_

(Use additional paper if necessary.)

FOR ADDITIONAL COPIES OF THIS APPLICATION, PLEASE CONTACT THE NGASC OFFICE AT  
(803)254-8456 OR 1-800-822-3235. REMEMBER: DEADLINE IS 31 JANUARY 2017.  
Application must be mailed to: NGASC Auxiliary, PO Box 281 , Irmo, SC 29063