

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 if 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
Application must be mailed to: NGASC Auxiliary, PO Box 281 , Irmo, SC 29063