



ENLISTED ASSOCIATION OF THE NATIONAL GUARD
OF THE UNITED STATES
AUXILLARY

The Enlisted Association of the National Guard of the United States Auxiliary Scholarship Program is as follows:

The Following persons are eligible:

1. EANGUS Auxiliary members
2. Unmarried, dependent sons and daughters of EANGUS Auxiliary members
3. Spouses of EANGUS Auxiliary members

Verification of membership in the EANGUS Auxiliary of the mother, father, spouse, or self is necessary for applicants to be eligible.

For applicants to be eligible, sponsor's state auxiliary must have made a donation to the EANGUS Auxiliary Scholarship fund for the current year and the prior year. (Suggested amount is \$2.00 per member per year payable by June 30.)

Applicants must be enroller at a university, college, business or trade school taking a minimum of eight accredited hours, *Graduate students are not eligible.

An alternate recipient will be selected in case a recipient is unable to accept the award.

There shall be no consideration whatsoever given by the judges because of rank or grade of applicant, applicant's parents, or applicant's spouse.

Scholarships will be awarded on the basis of scholastic achievement, character, leadership, and need.

All applications must be accompanied by:

1. A transcript of high school credits and/or college credits for applicants already enrolled in institutions of higher learning.
2. Letter from applicant with specific goals to continue his/her education and why financial aid is required.
3. Three (3) letters of recommendation verifying the applications and giving general personal traits. These may be from high school principal, counselor, dean, professor, minister, employer, etc.
4. A letter of recommendation and transmittal from State Auxiliary President, Scholarship Chairperson or Designee.

Checks will be sent directly to the recipient, made payable to the institution of the recipient's choice, when verification of current enrollment is received by the committee chairperson.

These are one-time awards and shall not be repeated. Non-recipients may reapply so long as stated requirements are met. If the school term is not completed, due to cause other than sickness or injury, the student will refund the scholarship award in full to the EANGUS Auxiliary.

Scholarships will be awarded on the basis of fund availability for the current year and the number of applicants.

DEADLINE POSTMARK DATE FOR SUBMISSION TO THE NATION SCHOLARSHIP CHAIRPERSON IS 30 JUNE.

-Side By Side We Stand With Pride-

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APPLICATION FOR SCHOLARSHIP

Name: _____
Last First Middle

Home Address _____
Street City State Zip Code

Telephone Birth Date Social Security Number

Male ___ Female ___ Single ___ Married ___

Name, rank, address, phone and Unit of parent, spouse, or sponsor who is a National Guard member:

Expiration Date of Enlistment: _____

Current Status of Applicant(check one):

High School ___ College ___ Business/Trade ___ Working ___

If in school or college, fill in the following information:

Name and Address of School or college and grade or term: _____

Number of brothers and sisters and their ages (if living at home): _____

Fill in the following information if applicable:

Spouse's Occupation: _____

Your Occupation: _____

Number of Children and their ages: (if living at home): _____

List the name and address of College, University, Trade or Business School that you plan to attend:

List activities in which you have participated (school, church, community):

List offices to which you have been elected in any organization:

List honors (school, athletic, citizenship, etc.) which you have been awarded:

What career are you planning to pursue and why? _____

While attending college, will you work part-time _____ or during the summer _____?

Persons eligible to apply are EANGUS Auxiliary members, their spouse, their unmarried dependant sons and daughters.

State Enlisted Auxiliary
And EANGUS Auxiliary member:

Relationship to you
(Father, Mother, Spouse, Self)

I have answered the above questions to the best of my knowledge and belief.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT OR SPOUSE: _____

If granted a scholarship and I fail to complete the school term from reasons other than sickness or physical injury, I agree to return any scholarship money that I have received to the Enlisted Association of the National Guard of the United States Auxiliary.

SIGNATURE OF APPLICANT: _____

All applications must be accompanied by:

1. A transcript of high school credits and/or college credits for applicants already enrolled in institutions of higher learning.
2. Letter from applicant with specific goals to continue his/her education and why financial aid is required.
3. Three (3) letters of recommendation verifying the applications and giving general personal traits. These may be from high school principal, counselor, dean, professor, minister, employer, etc.
4. A letter of recommendation and transmittal from State Auxiliary President, Scholarship Chairperson or Designee.

IF ADDITIONAL SPACE IS NEEDED TO ANSWER QUESTION, YOU MAY USE SEPARATE SHEET AND ATTACH

**Send to State Scholarship Chairperson,
Marie O'Brien at 2929 24th Ave SW, Devils Lake, ND 58301
postmarked before May 30.**
