

Virginia National Guard Association Scholarship Application

Name (Last, First, MI): _____ SSN Last 4: _____

Mailing Address: _____

Phone: _____ Email: _____

Status (mark one): VNGA Member _____ Member's Child _____ Member's Spouse _____

Member's Name: _____ Member's Unit: _____ Membership# _____

College/University Attending: _____

College Address: _____

Semester/Qtr Hrs Completed: _____ GPA: _____ Major: _____

Briefly describe your educational and/or military objectives: _____

List any positions of leadership you have had or now hold: _____

List any honors you have been awarded: _____

Have you previously applied for a VNGA Scholarship? _____ Date: _____ Amount Awarded: _____

Are you presently receiving other educational assistance: _____ If yes, describe type/amounts:

Provide a brief statement of your financial need: _____

****IMPORTANT - COMPLETE APPLICATIONS MUST INCLUDE THE APPLICATION FORM, A TRANSCRIPT OF ALL COLLEGE WORK, AND A LETTER OF RECOMMENDATION FROM A FACULTY MEMBER. INCOMPLETE PACKAGES WILL NOT BE CONSIDERED.**

**ALL DOCUMENTS SHOULD BE MAILED NOT LATER THAN 30 SEPTEMBER TO:
VNGA SCHOLARSHIP COMMITTEE, 11518 Hardwood Drive, Midlothian, VA 23114**

Signature of Applicant: _____

Date: _____