



## ENLISTED ASSOCIATION OF THE NATIONAL GUARD OF THE UNITED STATES AUXILIARY

October 31, 2009

The Enlisted Association of the National Guard of the United States Auxiliary Scholarship Awards 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 31 December.)

Applicants must be enrolled 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 the following documentation:

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 **signed** letters of recommendation verifying the application 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 NATIONAL SCHOLARSHIP CHAIRPERSON IS 30 JUNE.**

Each scholarship application to be considered by the National Committee must be mailed to:

**Marie Brabham  
3329 Aspen Forest Drive  
Middleburg, Florida 32068-4253  
904.291.6778**

**SIDE BY SIDE WE STAND WITH PRIDE**

Revised 2007

ENLISTED ASSOCIATION OF THE NATIONAL GUARD  
OF THE UNITED STATES AUXILIARY

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

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

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

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

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What career are you planning to pursue and why? \_\_\_\_\_

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While attending college, will you work part-time \_\_\_\_\_ or during the summer \_\_\_\_\_

Persons eligible to apply are: EANGUS Auxiliary members, their spouse, their unmarried dependent sons or daughters.

State Enlisted Association Auxiliary  
and EANGUS Auxiliary Member:

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

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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 for reasons other than sickness or physical injury, I agree to return any scholarship money I received to the Enlisted Association of the National Guard of the United States Auxiliary.

SIGNATURE OF APPLICANT: \_\_\_\_\_

IF ADDITIONAL SPACE IS NEEDED TO ANSWER QUESTIONS, YOU MAY USE SEPARATE SHEETS AND ATTACH.

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