

APPLICATION FOR SDNGEA AUXILIARY SCHOLARSHIP

NAME _____ ADDRESS _____

BIRTHDATE _____

MALE _____ FEMALE _____ SINGLE _____ MARRIED _____

PHONE _____ E-MAIL _____

HIGH SCHOOL _____ COLLEGE _____ VO-TECH _____

GRADE AND NAME OF SCHOOL YOU ARE ATTENDING _____

FAMILY INFORMATION

FATHER'S NAME _____ FATHER'S OCCUPATION _____

ADDRESS _____

MOTHER'S NAME _____ MOTHER'S OCCUPATION _____

ADDRESS _____

ARE BOTH PARENTS LIVING _____ MARRIED _____ DIVORCED _____

Name/Address of guardian if both parents are deceased: _____

Number of brothers and sisters _____ Ages _____

FINANCIAL INFORMATION

Do you plan to work while furthering your education? _____

Will you have a summer job? _____

NATIONAL GUARD AFFILIATION

Is the Guard member your _____ Father _____ Mother _____ Grandparent

MEMBER'S NAME _____

Expiration Date of Enlistment: _____ Unit he/she belongs to? _____

Member of the SD Enlisted Association? _____ Yes _____ No

Is member's spouse a member of the SD Enlisted Association Auxiliary? _____ Yes _____ No

Auxiliary member's name? _____ (attach copy of the membership card for 2011)

Is your father, mother or grandparent a retired member of the SD National Guard? _____

Date of Retirement _____

Are you a member of the South Dakota National Guard? _____

Date of Enlistment _____

