

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, spouse or grandchild of a member in good standing of the National Guard Association of South Carolina Auxiliary. This application is considered to be 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 the NGASCA, P. O. Box 281, Irmo, SC 29063 will be considered.*** ***Please note that no funds will be paid to schools outside of the United States.

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
20____ - 20____ academic year.

PERSONAL INFORMATION:

Legal Name: _____
Last First Middle/Maiden Suffix

Home Address: _____ Phone# _____

City: _____ State _____ Zip Code _____

Mailing Address: _____ Email: _____
(If different from above)

SS# _____ Married: Yes No

DOB: _____ # of Dependents _____

Are you an Auxiliary Member, dependent, spouse, or grandchild of an Auxiliary member?

Yes No (if no, please do not complete this application, you are not eligible)

Please indicate what type of member

Auxiliary member Dependent or Spouse of an Auxiliary Member Grandchild of an Auxiliary Member

If you are a dependent, spouse, grandchild please name Auxiliary Member: _____

Parents/Guardians' names: _____

EDUCATION:

High School _____ City and State _____

Graduation/Anticipated Date: _____ Class Standing/Rank _____ out of a _____ (class size)

High School Grade Average _____ (indicate if it is on a 4- or 5-point scale)

SAT Scores Verbal _____ Math _____ Total _____

ACT Scores Math _____ English _____ Composite Score _____

Major/Intended Major: _____

(If undecided, please indicate that as well)

ENTERING FRESHMEN APPLICANTS ONLY (Graduated high school within the last 5 years.)

Check One: My transcript is attached to this application

Will be mailed by the high school to the same address as the application and must be received by the Jan. 31 deadline

UPPERCLASSMEN APPLICANTS ONLY

Inclusive dates of attendance: From _____ to _____

Semester / Quarters Hours Completed: _____

Grade Point Ratio: Cumulative _____ Last Semester _____

Upperclassmen must submit a copy of their most recent college transcript.

Check One: My transcript is attached to this application

Will be mailed and received by the Jan. 31 deadline

FINANCIAL INFORMATION

The financial information given on this application is for (check one)

Applicant only Applicant and Spouse Applicant and Parents Spouse Only

Number of household members (Head of household, spouse, and other dependents) _____

Number of household members attending college _____

NOTE: You must submit a copy of the most current Federal Income Tax Form 1040 with this application. This must be a true copy of the form submitted/e-filed to the tax authorities. *If under 24 you are a dependent except in certain situations. Please provide proof of both your parents' and your income unless you are able to show you are not a dependent.*

ADJUSTED GROSS INCOME: _____ \$ _____
(Attach federal income tax form)

NON-TAXABLE INCOME: (examples below) _____ \$ _____
***Social Security, Veteran Benefits, Child Support, Trusts, Tax-Free Bonds,
Welfare/TANF, Unemployment, Disability payments, Non-Taxable Military Pay,
Ministerial Allowances, Income Earned Out-of-State/country, etc.

TOTAL INCOME: (adjusted gross income plus non-taxable income) _____ \$ _____

If you have extenuating financial circumstances, please explain below. *Information will be kept confidential.*

List any additional financial assistance with amount(s) that you expect to receive during the same academic year for which you are applying for this scholarship.

SCNG (TAP) \$ _____ Palmetto Fellows \$ _____ Lottery Tuition Assistance \$ _____
SC Hope \$ _____ SC Need Based Grant \$ _____ Other/grants/loans \$ _____

Have you previously received financial assistance from the NGASCA or the National Guard Association of South Carolina Scholarship Foundation? Yes No

If yes, give the dates and amounts _____

PROJECTED BUDGET FOR THE COMING ACADEMIC YEAR

Tuition: _____ Books: _____ Fees: _____

Commuting Costs: _____ Other: _____

Total: _____

Please sign below to acknowledge that the information you have provided is true and accurate.

Printed Name

Date

Signature

For additional copies of this application, please go to the NGASCA website at www.ngasca.org. *The deadline for applications and transcripts is January 31, 2024.*

APPLICATION MUST BE MAILED TO: NGASC AUXILIARY, P.O. BOX 281, IRMO, SC 29063. APPLICATIONS WILL NOT BE ACCEPTED ELECTRONICALLY OR IF DELIVERD TO THE ASSOCIATION OFFICE.