

APPLICATION

COLLEGE SCHOLARSHIP GRANT NATIONAL GUARD ASSOCIATION OF SOUTH CAROLINA AUXILIARY

STATEMENT OF POLICY

To be eligible to receive this scholarship, 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 confidential and will only be used by the Scholarship Committee. All requested information must be included for your application to be processed, and it must be neatly printed or typed. Incomplete applications will not be considered. **Please note that no funds will be paid to schools outside of the United States. (If awarded a scholarship, we will need your social security number for processing purposes.

Applications must be submitted by email or be postmarked by January 31, 2026 to be accepted.

I hereby apply for the NGASCA scholarship to assist with my **2026-2027** educational expenses at: (institution of higher learning) _____

PERSONAL INFORMATION:

Legal Name: _____

Last

First

Middle/Maiden

Suffix

Home Address: _____

Phone# _____

City: _____ State: _____

Zip Code: _____

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

DOB: _____

Married:

Yes

No

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 Dependent or Spouse of

Grandchild of member

an Auxiliary Member

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 January 31st deadline.

UPPERCLASSMEN APPLICANTS ONLY

Inclusive dates of attendance: From _____ to _____

Semester / Quarters Hours Completed: _____

Grade Point Average: 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

Graduate Students must submit a one-page essay about your post graduate plans.**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. Please cross out social security numbers.*

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 THECOMING 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 completed application and all requirements is January 31, 2026.

MAIL TO: NGASC AUXILIARY, P.O. BOX 281, IRMO, SC 29063
EMAIL TO: info@ngasca.org

*** Applications delivered to the Auxiliary office will not be accepted. ***