

VIRGINIA ARMY/AIR NATIONAL GUARD ENLISTED ASSOCIATION

SCHOLARSHIP APPLICATION

(Recommend Typing or Filling and printing)

Name: _____ SSN: _____
(last) (first) (mi)

Address: _____
(number) (street) (city) (state) (zip)

HomePhone: _____ (Date of Birth) _____
(day/month/year)

Email Address: _____

Are you a member of the enlisted association? _____ If not a member, list your sponsor's name: _____ phone #: _____

Sponsor's expiration date of enlistment: _____ Sponsor's Rank: _____

Sponsor/Applicant member unit: _____

Sponsor's address: _____

Current Membership Card Number for self/sponsor: _____

Current Status of Applicant: High School _____ College _____ Other _____

Do you plan to attend a Business/Trade University College

School Name: _____

School address: _____

Have you received any other scholarships? _____ If so, specify: _____

Are you presently receiving any other educational assistance? _____ If so, list the assistance and amount:

Briefly describe your educational objectives: _____

List honors (school/athletic/citizenship, etc) you have been awarded: _____

List positions of leadership you have in any organization: _____

List activities in which you have participated: _____

If additional space is required, please attach enclosures.

(Continuation of VaA/ANGEA Scholarship Application)

I have answered the above questions to the best of my knowledge and belief.

(Applicant's Signature)

Note: If applicant is not a member, signature of sponsor is required:

If granted a scholarship and I fail to complete the school term for any reason other than sickness or physical injury, I agree to return any scholarship monies received by me to the Virginia Army/Air National Guard Enlisted Association. I understand that if I am appointed to any military service academy, that I will forfeit all scholarship monies to the Association.

I further state that I consent to provide the information requested in this application. I have provided this information freely and voluntarily and hereby waive any objections to providing this information which might be made pursuant to the Privacy Act 5 U.S.C., Section 552a. The Virginia Army/Air National Guard Enlisted Association has my permission to use the information given in considering and processing this application.

(Signature of Applicant)

(Date)

*Letters and transcripts should be individually sealed and sent with this application as one packet.

All applications must be accompanied by:

1. A copy of applicant's school transcript.
2. A letter from applicant with specified facts as to desire to continue his/her education and why financial assistance is required.
3. Photocopy of Virginia Army/Air National Guard Enlisted Association membership card (grandparent/parent/spouse or yours, if you are a member).

Complete application and mail with all enclosures/attachments to:

CMSgt (RET) Lori W. Flinn
15249 Fountain Road
Ashland, VA 23005
Telephone: 804 519-6491

Applications and required documents must be received by: 31 December 2024

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED
