ENLISTED ASSOCIATION OF THE NATIONAL GUARD OF THE UNITED STATES

CSMAC SCHOLARSHIP APPLICATION

NAME: Last          First          Middle

HOME ADDRESS:
City             State          Zip Code

TELEPHONE:

EMAIL ADDRESS:

BIRTH DATE: (Day/Month/Year)            MARITAL STATUS:

CURRENT MEMBERSHIP NUMBER: (enclose photo copy)

Name, rank, address, telephone number and unit of parent/spouse or Guard member:

Expiration date of enlistment of member/parent/spouse: c

Current status of applicant: (Check one): High School

Number of brothers and sisters and their ages (if living at home)

Have you received any other scholarships? Yes           No

If so, specify:

List activities in which you have participated: (School, Church/Community)

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

List honors: (School, Athletic, Civic, etc.) which you have been awarded:

List name and address of college, university, trade/business school you plan to attend:

If additional space is needed to answer questions, you may use separate sheets and attach.
I have answered the above questions to the best of my knowledge and belief.

__________________________________________
Signature of Applicant                                          Signature of parent/spouse if applicant is not a member

If granted a scholarship and I fail to complete the school term for reason other than sickness or physical injury, I agree to return any/all scholarship monies received by me to the Command Sergeants Major Advisory Council.

I further state that I consent to providing 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 pursuant to the Privacy Act, 5 U.S.C. Section 552a. The Enlisted Association of the National Guard of the United States and the Command Sergeants Major Advisory Council have my permission to use the information given in considering and processing this application.

__________________________________________  
(Signature of Applicant)

__________________________  
(Date)

All applications must include the following:
1. A copy of applicant’s school transcript
2. A letter from applicant with specific facts as to desire to continue his/her education and why financial assistance is required
3. Three (3) letters of academic recommendation verifying the application and giving moral, personal, and leadership traits (i.e. from school officials, principals, counselors, teachers, and community leaders, elected officials, etc.)
4. Photocopy of state and/or EANGUS membership card (Guard member, parent, or spouse)
5. Electronically transmitted applications via the internet are acceptable less the transcript, which must be mailed.

COMPLETE AND MAIL TO:
Your State President or designee will review and verify the application for completeness, eligibility, and then transmit application to the EANGUS Scholarship Chairman, postmarked No Later Than 1 JUNE.

EANGUS Scholarship Chairman
MSG (R) Ronald E. Emerson
586 Deerfield Drive
Ringgold, VA 24586-5660
(434) 822-7303
Email: rsemerson2@verizon.net