

**Wisconsin National Guard Enlisted Association
Educational Grant Application
Must be received no later than 01 June**

1. Name of Applicant _____
(LAST) (FIRST) (MI)

2. Your Full Street Address _____

2a. Your location: _____
CITY ST ZIP+ (AREA CODE) HOME PHONE

2b. Primary Email address: _____

3. Birth Date _____ Marital Status _____

4. Enlisted Association Membership: I am a member I am sponsored by my parent/spouse who is a member (check one)

5. Expiration date of current WNGEA membership _____ Circle who's membership: (Yours) (Sponsor's)
(DATE)

6. Your: Military Rank, Unit name. Or, your sponsor's Name, Rank, Unit name, Home Address, and Phone No: _____

7. Expiration term of military enlistment: (member) (sponsor) _____

8. Current status of applicant: (check one) High School, must be scheduled to begin college this fall. College
 Business/Trade School Working. Graduate School. If in high school or college, name and address of school and grade/ term.

Will be attending: Full Time (12 or more credits) Part Time (6-11 credits) (check one) **Must be completed.**

9. Have you applied for or received any other educational assistance? yes no (include GI Bill & WI Tuition Assistance)

If so, specify type and amount _____ Awarded? _____

10. Do you live with your parents? YES [] NO []. Are you claimed by anyone as a dependent for tax? YES [] NO []

11. If you are claimed as a dependent, give the number and ages of other children living at home with financial dependence on parents, including those in college: _____

12. Approximate family income: Under \$25,000 [] \$25,000-\$35,000 [] \$35,000-\$45,000 [] \$45,000-\$50,000 []
\$50,000-\$65,000 [] \$65,000-\$75,000 [] Over \$75,000

13. Are you employed? If so, type of employment and employer? _____

14. Other sources of income? _____

15. Name and address of school that you plan to attend: _____

CERTIFICATION

A. I HAVE ANSWERED THE ABOVE QUESTIONS TO THE BEST OF MY KNOWLEDGE AND BELIEF.

B. If I receive a grant, and I fail to complete the school term for reason other than sickness or physical injury, I agree to return any grant monies received by me to the Wisconsin National Guard Enlisted Association.

C. I further state that 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, 5USC, Section 552a. WNGEA has my permission to use the information given in considering and processing this application.

IMPORTANT

These items MUST be attached

1. Latest transcript
2. Cover Letter from application (need For assistance, etc.)
3. Letters of recommendation (3)
4. Letter of academic reference
5. Proof of acceptance to school

Use this list as a checklist before you seal your Package for mailing.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF SPONSOR IF APPLICANT IS A DEPENDENT