

**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 \_\_\_\_\_ 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 taxes? 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-\$50,000 [ ] \$50,000-\$75,000 [ ] \$75,000-\$100,000 [ ]  
Over \$100,000 [ ]

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. Letter(s) of recommendation
4. 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