

**NATIONAL GUARD
OF GEORGIA
SCHOLARSHIP
FUND**

**SPONSORED BY
OFFICERS AND ENLISTED ASSOCIATIONS
OF THE
NATIONAL GUARD OF GEORGIA**

**GEORGIA GUARD INSURANCE TRUST
P. O. BOX 889 ~ MABLETON, GA 30126
770/739-9651 ~ 1-800/229-1053**

NATIONAL GUARD OF GEORGIA SCHOLARSHIP FUND

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OF THE NATIONAL GUARD OF GEORGIA

ELIGIBILITY:

The following people are eligible to make application for a scholarship:

Option 1 Policyholders with the GEORGIA GUARD INSURANCE TRUST who are members of the NGAGA or the EANGGA.

Option 2 Spouses, children, or grandchildren of persons noted in Option 1 above.

AWARDS:

Three \$1,000.00 Scholarships will be given each year. In 2012, ten \$3,000 Scholarships will be awarded.

CRITERIA:

***** For Colleges or Universities

1. Applicant must be in good academic standing with a combined SAT score of at least 1000 or a minimum GPA of 3.0. Applicants currently enrolled in a college or university must have a minimum GPA of 3.0.
2. Must be enrolled in the college or university on a full-time basis (12 quarter hours or its semester equivalent) OR must have been accepted into the college or university. Proof of acceptance is required.
3. Be of good character, moral and personal traits.
4. Applicants should have some graduate honor from high school.

***** For Vocational or Business Schools

1. Applicant must meet program specific admission standards and institutional requirements and complete all admissions procedures for admission to a degree/diploma program in REGULAR PROGRAM ADMISSION STATUS.
2. Applicant must be enrolled on a full-time basis in day or evening classes. If not enrolled, must have been accepted for entrance as outlined above.
3. Be of good character, moral and personal traits.

APPLICATIONS ARE ACCEPTED BEGINNING JANUARY 1 EACH YEAR. ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN APRIL 15TH OF EACH YEAR. ALL SCHOLARSHIPS WILL BE AWARDED IN THE SUMMER FOR THE FALL SEMESTER OF THAT YEAR.

MAIL APPLICATIONS TO: GGIT ~ P. O. BOX 889 ~ MABLETON, GA 30126

If you have any questions, you may call the GEORGIA GUARD INSURANCE TRUST at (770)739-9651 or 1-800-229-1053

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NATIONAL GUARD OF GEORGIA SCHOLARSHIP FUND APPLICATION

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APPLICATION INFORMATION

NAME _____
(LAST) (FIRST) (MI)

HOME ADDRESS: _____

(CITY) (STATE) (ZIP CODE)

HOME TELEPHONE NUMBER: _____ SSN: _____

DATE OF BIRTH: _____

NAME OF HIGH SCHOOL: _____

HIGH SCHOOL ADDRESS: _____

(CITY) (STATE) (ZIP CODE)

GRADUATION DATE: _____ GPA: _____ CLASS RANKING: _____

CURRENT STATUS OF APPLICANT: *(Check One)*

High School () College/University () Vocational/Business ()

College / University GPA _____ *(If currently enrolled)*

Vocational / Business GPA _____ *(If currently enrolled)*

NAME AND ADDRESS OF SCHOOL ATTENDING OR PLANNING TO ATTEND: _____

HAVE YOU BEEN ACCEPTED FOR ENTRANCE: _____

ARE YOU A MEMBER OF THE GEORGIA NATIONAL GUARD (ARMY/AIR) _____

UNIT OF ASSIGNMENT: _____

UNIT ADDRESS: _____

GGIT MEMBER INFORMATION

NAME OF PARENT/GRANDPARENT/GUARDIAN: _____

PARENT/GRANDPARENT/GUARIDAN SSN: _____

HOME ADDRESS: _____

(CITY) (STATE) (ZIP CODE)

UNIT OF ASSIGNMENT: _____

UNIT ADDRESS: _____

UNIT TELEPHONE NUMBER: _____

(SIGNATURE OF APPLICANT)

(DATE)

AGREEMENT OF INSURANCE WITH GGIT

I, _____ AGREE TO RETAIN INSURANCE WITH THE GGIT FOR A MINIMUM
(PRINTED NAME OF POLICYHOLDER)

OF TWO (2) YEARS FOLLOWING COMPLETION OF THE SCHOOL YEAR FOR WHICH THE SCHOLARSHIP IS AWARDED.

(Signature of Policyholder)

(DATE)

VERIFICATION OF INSURANCE WITH GGIT

_____ HAS THE FOLLOWING INSURANCE COVERAGE IN
(PRINTED NAME OF POLICYHOLDER)

FORCE WITH THE GEORGIA GUARD INSURANCE TRUST:

Personal Life Insurance: _____

Spouse Life Insurance: _____

Dependent Life Insurance: _____

(Signature of GGIT Official)

(DATE)

SUPPORTING DOCUMENTS THAT MUST ACCOMPANY APPLICATION

1. COMPLETED SCHOLARSHIP FUND APPLICATION.
2. CERTIFIED TRANSCRIPT OF HIGH SCHOOL GRADES AND CREDITS. CERTIFIED TRANSCRIPT OF CREDITS FROM INSTITUTION OF HIGHER LEARNING FOR APPLICANTS ALREADY ENROLLED IN COLLEGE OR UNIVERSITY.
3. LETTER FROM APPLICANT WITH PERSONAL, SPECIFIC FACTS STATING HIS/HER DESIRE TO CONTINUE HIS/HER EDUCATION.
4. TWO (2) LETTERS OF RECOMMENDATION VERIFYING THE APPLICANT’S GOOD CHARACTER, MORAL AND PERSONAL TRAITS (THESE SHOULD BE FROM COMMUNITY LEADERS, MINISTERS, ETC.).
5. AGREEMENT OF INSURANCE SIGNED BY POLICYHOLDER.
6. VERIFICATION FROM THE GGIT OFFICE THAT INSURANCE WITH GGIT IS IN FORCE. (WILL BE COMPLETED BY GGIT OFFICIAL)
7. ONE (1) LETTER OF ACADEMIC REFERENCE (SHOULD BE FROM PRINCIPAL, COUNSELOR, DEAN OR PROFESSOR). **FOR COLLEGE OR UNIVERSITY APPLICANTS ONLY.**
8. LETTER AUTHORIZING THE GGIT TO REVIEW APPLICANT’S ACADEMIC RECORDS.
9. PROOF OF ACCEPTANCE FOR ADMISSION OR GOOD STANDING AT INSTITUTION OF HIGHER LEARNING WHICH APPLICANT WILL ATTEND OR IS ATTENDING.