

**Kentucky National Guard Historical Foundation
Scholarship Application**

Mail Application to:

Scholarship Chairman
KNGHF Complex
1117 Louisville Road
Frankfort, KY 40601
Phone 502 564-7500 or 800 251-2333
Fax 502-564-7504

GENERAL INFORMATION

1. Eligibility – Applicants must be dependent children of: a. Present members serving honorably in the Kentucky National Guard; b. Members who retired from the Kentucky National Guard after 20 years or more of qualifying service; c. Deceased members who were serving honorably in the Kentucky National Guard at the time of death.
2. Awards are based on financial need, academic scholarship, personal character and leadership qualities. Selections are made without regard to applicants race, sex, religion, or the selection committee's member's friends and association.
3. Application Instructions: In order for your application to be considered, all questions must be answered and all attachments must be submitted as required. Read all questions carefully to ensure that all data requested is submitted with your application. Falsification or informational omissions will be reason to invalidate your application.
4. Attach these documents to the completed application:
 - a. A copy of your high school transcript and any college transcripts.
 - b. Three character reference letters from public, educational and/or religious leaders who are not members of your family.
 - c. A recent photo for publication purposes (photo will not be returned and is not a criteria used for scholarship determination).
5. The application and attachments must be postmarked or hand delivered to the KNGHF, during regular duty hours, not later than 15 July 2011.

SECTION I – PERSONAL INFORMATION

NAME:

PHONE:

ADDRESS:

SS#:

EMAIL:

FATHERS NAME:

OCCUPATION:

MOTHERS NAME:

OCCUPATION:

FATER'S EMPLOYER:

MOTHER'S EMPLOYER:

ARE YOU CURRENTLY WORKING: HOW MANY HOURS PER WEEK:

NUMBER OF CHILDREN IN FAMILY INCLUDING YOURSELF:

NUMBER OF FAMILY MEMBERS ATTENDING COLLEGE NEXT FALL:

ARE YOU FINANCIALLY INDEPENDENT FROM YOUR PARENTS OR
GUARDIANS?

SECTION II – ACADEMIC INFORMATION

1. ARE YOU CURRENTLY ENROLLED IN COLLEGE? WHAT YEAR?
2. WHAT SCHOOL DO YOU PLAN TO ATTEND IN THE FALL OF 2011?
3. WHAT IS YOUR GPA AT LAST SCHOOL ATTENDED?
4. WHAT WAS YOUR CLASS RANK IN HIGH SCHOOL?
5. WHAT WILL BE YOUR COLLEGE MAJOR OR WHAT FIELD OF STUDY WILL YOU PURSUE?
6. WILL YOU BE A FULL TIME STUDENT?
7. DO YOU PLAN TO WORK WHILE ATTENDING COLLEGE? IF SO, HOW MUCH? FULL TIME () PART TIME () SUMMER () WILL NOT WORK ()

SECTION III – ANTICIPATED NEED

CERTIFICATION

1. SCHOLARSHIPS ARE AWARDED TO DEPENDENT CHILDREN ACTIVE MEMBERS, RETIRED MEMBERS, AND DECEASED MEMBERS OF THE KENTUCKY NATIONAL GUARD. PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING THE NATIONAL GUARD MEMBER THAT QUALIFIES YOU FOR THIS SCHOLARSHIP.

a. NAME

b. RANK

c. GUARD STATUS: ACTIVE (); RETIRED () DATE RETIRED:
DECEASED () DATE DECEASED:

d. GUARD UNIT CURRENTLY ASSIGNED, RETIRED FROM OR
ASSIGNED TO AT TIME OF DEATH:

2. HIGH SCHOOL/COLLEGE TRANSCRIPT IS ATTACHED (); WILL BE
MAILED FROM THE HIGH SCHOOL/COLLEGE ().

3. IF YOU ARE A RECIPIENT OF THE KNGHF SCHOLARSHIP WHAT
NEWSPAPER(S) WOULD YOU LIKE A NEWS RELEASE PREPARED?

I understand:

Any falsification or information omissions will invalidate my application.

I must provide an enrollment verification from my chosen college before KNGHF can issue me a scholarship check.

A scholarship award not claimed by September 30 of the award year will be revoked and passed on to an alternate recipient.

Should I fail to complete the academic year for reasons other than sickness, physical injury, or national emergency, I must refund the scholarship award to the KNGHF.

By my signature I acknowledge full understanding and acceptance of all statements on this form and have not provided any false information on submitted forms.

Signature of Applicant _____ DATE _____

Signature of Parent/Guardian _____ DATE _____

