



**WISCONSIN NATIONAL GUARD ASSOCIATION INC.
EDUCATION GRANT / PRESIDENT'S SCHOLARSHIP APPLICATION**

NAME: _____

ADDRESS: _____ CELL PHONE #: _____

CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____

SECTION 1

I am applying for the Education Grant Program - Baccalaureate Degree

I am applying for the President's Scholarship Award (Advanced Degree)

I QUALIFY FOR THIS GRANT BECAUSE I AM: (Check only one category)

A WINGA Member – Grade _____ Unit of Assignment: _____
(Must be a Commissioned or Warrant Officer)

Spouse of a WINGA Member who is: Grade _____ Name _____
Unit of Assignment: _____ or _____ Retired

An unmarried dependent son or daughter of a WINGA Member who is:
Grade _____ Name _____
Unit of Assignment: _____ or _____ Retired

SECTION 2

ACADEMIC INFORMATION (Please attach a complete set of transcripts for the entire last year of school)

Name of University, College or School where enrolled _____

Street address, City, State, Zip _____

College Year completed as of 30 June (check one): 1 Year _____ 2 Years _____ 3 Years _____

Number of course credits completed during previous academic year _____

Number of credits registered for in next semester _____ Prior year grade point average _____ (1 year avg. – not cumulative)

REMARKS: _____

(REVERSE SIDE OF FORM MUST ALSO BE COMPLETED)

SECTION 3

NAME: _____

ADDITIONAL INFORMATION

Extracurricular activities: _____

Community involvement: _____

Work experience (are you currently employed?): _____

Academic Major or Specialty: _____

Goals and career intentions: _____

Any additional information you would like the Committee to know: _____

Closing Comments/Remarks: _____

This application along with college transcripts must be received by the deadline date of July 1st. Please mail to: WINGA Inc. ATTN: Education Grant Program, 2400 Wright St, Room 208, Madison, WI 53704-2572 **OR** email to michael.j.williams@winga.org