

**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.

## 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 15<sup>TH</sup> 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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P. O. BOX 889 ~ MABLETON, GA 30126  
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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.