

# NGAUS AFBA Active Life Member Scholarship 2018 Application

Sponsored by the Armed Forces Benefits Association (AFBA)

Applicant Information		
Full Name:		Date of Birth:
Mailing Address:		
City:	State:	ZIP Code:
Email Address:		Phone:
NGAUS Information		
I am a NGAUS Life Member ____ I am the dependent of a NGAUS Life Member		Life Member #
Life Member Name:	Relationship to Life Member:	
Academic Information		
Name of High School:		
Address:		
City:	State:	ZIP Code:
Phone:	Email:	Fax:
Graduate: Y__ N__	If Y, Graduation Date:	If N, Expected Graduation Date:
Name of College:		
Address:		
City:	State:	ZIP Code:
Phone:		
Alternate Contact		
Name:		
Relationship:		
Current address:		
City:	State:	ZIP Code:
Phone:	Email:	
Application Documentation (applicant must provide ALL requested information for either A,B or C)		
Column A – High school graduate	Column B - Undergraduate	Column C – Undergraduate Seeking Masters
Completed Application	Completed Application	Completed Application
High School Transcript	College Transcript	College Transcript
ACT/SAT Score	300-word Essay	College/Program Acceptance Letter
College/Program Acceptance Letter	Photography and Publicity Release Form	300-word Essay
300-word Essay		Photography and Publicity Release Form
Photography and Publicity Release Form		
Verification		
I confirm that the information provided on this form is true, complete and accurate.		
Signature of applicant:		Date:
Signature of parent/legal guardian (if under 18):		Date:
Signature of Life Member:		Date:

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