

**** Must be Received Not Later Than: 1 APRIL ****

**National Guard Association of Arizona
LTC Michael Warren Memorial Scholarship**

(Please Type or Print)

Name:

Street address (including
City, State and Zip Code):

Daytime phone:

Status: (check one) Enlisted Applicant Officer Applicant Dependent Applicant

Unit of Assignment (Soldier's or parent/spouse's, if applicable):

High School anticipated graduation date (if applicable):

Cumulative grade point average for high school or college (on a 4.0 scale/2.5 minimum):

School that you plan to attend:

Degree sought:

Anticipated credit hours with period:

How do you plan to apply your education (your professional goals)?

Place of employment (if applicable):

Length of employment:

Do you plan to be employed while attending college?

If so, how many hours per week?

Yearly income of family: \$

Number of people supported by this income:

Explain your financial need:

Why did you (or your parents/spouse) join the Arizona National Guard?

What is the role of the Arizona National Guard?

How do you see the Arizona National Guard assisting you in the future?

What community service have you recently been involved in (through clubs, organizations, etc.)?

Please explain your participation and who benefited as a result of your involvement.

By signing below, you attest that all the information provided above is accurate. Any false statements may result in disqualification. If you are awarded the scholarship and it is discovered that you have provided untrue information, you will be responsible for repayment of all awards received.

Signature _____

Date _____

Mail your completed application along with two letters of recommendation and memorandum of verification of good standing (or retirement order, as applicable) from the first commander in your or your parent/spouse's (for dependent students) chain of command to:

NGAAZ
Attention: LTC Michael Warren Memorial Scholarship Committee
5640 East McDowell Road
Phoenix, AZ 85008