

**VIRGINIA ARMY/AIR NATIONAL GUARD ENLISTED  
ASSOCIATION**

**SCHOLARSHIP APPLICATION**

*(Recommend Typing or Filling and printing)*

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(last) (first) (mi)

Address: \_\_\_\_\_  
(number) (street) (city) (state) (zip)

HomePhone: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_  
(day/month/year)

Email Address: \_\_\_\_\_

Are you a member of the enlisted association? \_\_\_\_\_ If not a member, list your  
sponsor's name \_\_\_\_\_

Sponsor's phone #: \_\_\_\_\_

Sponsor's expiration date of enlistment: \_\_\_\_\_ Sponsor's Rank: \_\_\_\_\_

Sponsor/Applicant member unit: \_\_\_\_\_

Sponsor's address: \_\_\_\_\_

Current Membership Card Number for self/sponsor: \_\_\_\_\_

Current Status of Applicant: High School  College  Other

University, College, or Trade/Business School Attending/Plan to attend:

School name: \_\_\_\_\_

School address: \_\_\_\_\_

Have you received any other scholarships? \_\_\_\_\_ If so, specify: \_\_\_\_\_

Are you presently receiving any other educational assistance? \_\_\_\_\_ If so, list the  
assistance and amount:

Briefly describe your educational objectives: \_\_\_\_\_

List honors (school/athletic/citizenship, etc) you have been awarded: \_\_\_\_\_

List positions of leadership you have in any organization: \_\_\_\_\_

List activities in which you have participated: \_\_\_\_\_

***If additional space is required, please attach enclosures.***

*(Continuation of VaA/ANGEA Scholarship Application)*

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I have answered the above questions to the best of my knowledge and belief.

\_\_\_\_\_  
*(Applicant's Signature)*

Note: If applicant is not a member, signature of sponsor is required:

\_\_\_\_\_

If granted a scholarship and I fail to complete the school term for any reason other than sickness or physical injury, I agree to return any scholarship monies received by me to the Virginia Army/Air National Guard Enlisted Association. I understand that if I am appointed to any military service academy, that I will forfeit all scholarship monies to the Association.

I further state that I consent to provide the information requested in this application. I have provided this information freely and voluntarily and hereby waive any objections to providing this information which might be made pursuant to the Privacy Act 5 U.S.C., Section 552a. The Virginia Army/Air National Guard Enlisted Association has my permission to use the information given in considering and processing this application.

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Date)*

\*Letters and transcripts should be individually sealed and sent with this application as one packet.

All applications must be accompanied by:

1. A copy of applicant's school transcript.
2. A letter from applicant with specified facts as to desire to continue his/her education and why financial assistance is required.
3. Photocopy of Virginia Army/Air National Guard Enlisted Association membership card (grandparent/parent/spouse or yours, if you are a member).

Complete application and mail with all enclosures/attachments to:

CMSgt Lori W. Flinn  
15249 Fountain Road  
Ashland, VA 23005  
Telephone: 804 519-6491

Applications and required documents must be received by: 31 December 2020

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

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