

SOUTH DAKOTA NATIONAL GUARD ENLISTED ASSOCIATION AUXILIARY
SCHOLARSHIP REQUIREMENTS

Students applying for the **\$250 scholarship** should take special note of the following:

1. The following persons are eligible to apply: SDNGEA Auxiliary members and their spouses, unmarried high seniors, college undergraduate students, or vocational/ technical school students up to age 26 who are children/step children, grandchildren/ step grandchildren **of** Regular or Life SDNGEA Auxiliary Members. (**Associate Membership is not allowable**)
2. **Verification of 2021 Life or Regular Auxiliary membership (copy of membership card) must accompany the application.** This membership must be paid to the State Membership Chairman by **December 31, 2020**. For a membership application, you may contact
Leah Rollag
1109 S. Parkview Blvd.
Brandon, SD 57005
Email her at Lrollag@outlook.com
Annual membership dues are \$15.00 **SPECIAL STIPULATION: you may NOT apply for this scholarship unless your parent or grandparent is a member of the auxiliary.**
3. Selection for these scholarships is based on scholastic achievement, character, financial need, and leadership characteristics.
4. Each scholarship is paid to the college, university or vocational school of the student's choice at the beginning of the school term. The scholarship will be paid upon written notice from the institution that the student is enrolled. The required school term shall be one year from the date of issuance of the award. **It is the winner's responsibility to notify the school that they are the recipients of this scholarship** and to send an enrollment notice to the Treasurer, Edna Steinberg.
Leah Rollag
1109 S. Parkview Blvd.
Brandon, SD 57005
Email her at Lrollag@outlook.com
5. If the required school term is not completed due to cause other than sickness or physical injury, the student must refund the scholarship fee to the South Dakota National Guard Enlisted Association Auxiliary.
6. These are one-time awards and shall not be repeated. Non-recipients may reapply as long as stated requirements are met.
7. Students may continue their education at any college, university or vocational school.
8. The scholarship application form must be requested from and returned to Alicia Engebretson, Scholarship Chairman of the SDNGEA Auxiliary (address below). **The application must be postmarked by March 15, 2021. There will be no applications accepted after this deadline.**

9. Applications must be accompanied by:
- A transcript of high school credits and/or college credits for applications applicants already enrolled in institutions of higher learning.
 - A signed letter from the applicant outlining specific goals to continue his/her education and why aid is required.
 - Two signed letters of recommendation pertaining to general personal traits and the qualifications for this scholarship. (High School Principal, Professors, Teachers, Employers, etc.)
10. The SD National Guard Enlisted Association Auxiliary will present the scholarship winner a certificate during the 2017 State Conference. Information on the time and place of the award presentation will be sent the winners.

By March 15, 2021, please return the scholarship application, grade transcripts, applicant's letter, letters of recommendation and proof of auxiliary membership, to:

Alicia Engebretson
7321 W. 66th St.
Sioux Falls, SD 57106
Phone: (605) 413-7395 (cell)
Email: aliciaengebretson22@gmail.com

**APPLICATION FOR SGNAGE AUXILIARY
SCHOLARSHIP**

APPLICANT INFORMATION

Name _____
Address _____ City/State _____ Zip _____
Birthdate _____ Male ____ Female ____ Single ____ Married ____
Phone _____ Email _____
High School ____ College ____ Vocational/ Technical School ____
Grade and Name of Current School _____
SDNGEA Auxiliary Member ____ Spouse ____

FAMILY INFORMATION

Father's Name _____ Father's Occupation _____
Address _____ City/State _____ Zip _____
Mother's Name _____ Mother's Occupation _____
Address _____ City/State _____ Zip _____
Both Parents Living ____ Married ____ Divorced ____
Name/Address of guardian, if both parents are deceased _____
Number of brothers and sisters ____ Ages _____

NATIONAL GUARD AFFILIATION

Is the Guard member your: Father ____ Mother ____ Grandparent ____ Spouse ____
Member's Name _____
Expiration Date of Enlistment _____ Unit he/she belongs/belonged to _____
Member of the SDNG Enlisted Association (**REQUIRED**) Yes ____ No ____
Auxiliary member's Name _____
(Please attach a copy of the 2021 membership card for or life membership card. If no one is a member of the Auxiliary, you are not eligible for this scholarship.)
Is your parent of grandparent a retired member of the SD National Guard? _____
Date of Retirement _____

Are you a member of the South Dakota National Guard? _____ Date of Enlistment _____

SCHOLARSHIP DATA

You must enclose a transcript of your grades and/or college credits.

Attach a separate sheet listing:

- Activities in which you have participated in your school, church, community, etc.
- Organizations you have belongs to and what offices or leadership responsibilities you have held.
- Honors that you have received (School, Athletic, Citizenship, etc.)

Name of School you plan to attend _____

Address _____

Career Choice _____

(Note: If you receive this scholarship, you must notify the school and upon written notice from the institution, we will send the scholarship money.)

REFERENCES

- Enclose two written and signed references (not relatives) pertaining to your qualifications for this scholarship.
- Enclose a signed letter which outlines your goals and makes any further statement which you feel will provide information of value to the scholarship committee in considering your application.

I have answered the above questions to the best of my knowledge and belief. If granted a scholarship and fail to complete the school term for reasons other than sickness or physical injury, I agree to return any scholarship money I receive to the South Dakota National Guard Enlisted Association Auxiliary.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian _____ Date: _____