

**SOUTH DAKOTA NATIONAL GUARD ENLISTED ASSOCIATION AUXILIARY**  
**SCHOLARSHIP REQUIREMENTS**

Students applying for the **\$500 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/stepchildren, grandchildren/ step grandchildren **of** Regular or Life SDNGEA Auxiliary Members. (**Associate Membership is not allowable**)
2. **Verification of 2025 Life or Regular Auxiliary membership must accompany the application.** This membership must be paid to the State Membership Chairman when turning in application or you must be a member of the Auxiliary already. For a membership application, you may contact  
Leah Rollag  
1109 S. Parkview Blvd.  
Brandon, SD 57005  
Email her at [Lrollag@outlook.com](mailto: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, Leah Rollag.  
Leah Rollag  
1109 S. Parkview Blvd.  
Brandon, SD 57005  
Email her at [Lrollag@outlook.com](mailto:Lrollag@outlook.com)
5. If the required school term is not completed due to causes 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 Kayleen Meyers, Scholarship Chairman of the SDNGEA Auxiliary (address below). **The application must be postmarked by April 5th, 2025. 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 2025 State Conference. Information on the time and place of the award presentation will be sent to the winners.

**By April 5th, 2025, please return the scholarship application, grade transcripts, applicant's letter, letters of recommendation and proof of auxiliary membership, to:**

**Kayleen Meyers  
205 Atkins Circle  
Tea, SD 57064  
Phone: (605) 940-5154 (cell)  
Email: k\_meyers04@hotmail.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 \_\_\_\_\_  
**(If no one is a member of the Auxiliary, you are not eligible for this scholarship.)**  
Is your parent or 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: \_\_\_\_\_