The Twenty-Eight Infantry Division Association
1400 Calder Street, Building #9
Harrisburg, PA 17103-1297

Scholarship Fund Application

SECTION A – GENERAL INFORMATION (must be completed by all applicants)

NAME: _____ **RANK:** _____
(LAST NAME, FIRST NAME, MI)

DATE OF BIRTH: _____ **PHONE:** _____
(MM / DD / YEAR)

MAILING ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

CIVILIAN EMAIL: _____

UNIT and PHONE NUMBER: _____

DATE ENLISTMENT EXPIRES (ETS): _____

SCHOOL/COLLEGE EXTRACURRICULAR ACTIVITIES (Sports/Clubs/etc.)

ACTIVITY	INCLUSIVE DATES	ADVISOR'S NAME
1.		
2.		
3.		

COMMUNITY RELATED ACTIVITIES (Church/Organizations/Associations)

ACTIVITY	INCLUSIVE DATES	ADVISOR'S NAME
1.		
2.		
3.		

*If your application is based upon eligibility as a dependent of a deceased or permanently disabled National Guard member (See * below), complete the following:

Former member's name and last known rank: _____

Former member's last unit of assignment: _____

Former member's present status: Deceased (Y / N) Permanently Disabled (Y / N)

*Must have died or been permanently disabled as a result of National Guard duty and you are required to submit his or her DD 214.

COMPLETE SECTION B (CAT I) OR SECTION C (CAT II) ON REVERSE SIDE OF THIS FORM

SECTION B – CATEGORY I (Applicant entering first year at an institution of higher education as a full-time student)

*To be completed by applicant and accompanied by a copy of their high school transcript with their GPA and a current school/program acceptance letter.

High School: _____ Graduation Date: _____ GED Date: _____

Signature of Applicant: _____ Date: _____

SECTION C – CATEGORY II (Applicant presently attending an institution of higher education as a full-time student)

Program/Major: _____ Class of: _____

*If applicant is between two colleges (post associates or starting a new school), the transcripts must be from the last school attended.

APPLICANT'S CERTIFICATION

(Must be signed and dated by applicant)

To the best of my knowledge, the information furnished herein is true and correct. I agree to remain a member of the Pennsylvania National Guard during the academic year for which the scholarship is granted.

Signature: _____ **Date:** _____

UNIT COMMANDER'S CERTIFICATION

(Must be signed and dated by the unit Commander or his/her designated representative)

I certify that the above-named applicant is currently a member in good standing of this unit.

Unit: _____ **Date:** _____

Unit Commander (Printed Name): _____

Unit Commander (Signature): _____