**CERTIFICATION**

1. Eligibility - Applicants must be dependent children of an active member serving honorably in the Kentucky National Guard, Retired members who served 20 years or more of qualifying service with the Kentucky National Guard, or Dependents of deceased members who were serving honorably in the Kentucky National Guard at the time of death. Please provide the following information concerning the National Guard member that qualifies you for this scholarship.

A.) Members Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B.) Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_

C.) Guard Status:

 Active ( )

 Retired ( ) Date Retired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Deceased ( ) Date Deceased \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 D.) Guard Unit currently assigned, Retired from or assigned to at time of death:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. High School/College Transcript is attached ( ); Will be mailed from the high school/college ( ).

3. If you are a recipient of the KNGLDF Scholarship would you like a news release prepared? Yes ( ) No ( )

 If Yes, for which newspaper (s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4. Awards are based on financial need, academic scholarship, personal character, and leadership qualities. Selections are made without regard to an applicants’ race, sex, religion, or the selection committee member's friends and associations.

 5. Attach these documents to the completed application:

* A copy of your high school/college transcripts
* Three-character reference letters from public, educational and/or religious leaders who are not members of your family
* A recent photo for publication purposes (photo will not be returned and is not used for scholarship determination)

**SECTION I - PERSONAL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Guardian/

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian/

Father’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian/

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian/

Mother’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently working? Yes ( ) No ( )

If Yes, how many hours a week? \_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children in family, including yourself? \_\_\_\_\_\_\_\_\_\_\_\_

Number of family members attending college next fall? \_\_\_\_\_\_\_\_\_\_\_

Are you financially independent from your parents or guardians? Yes( ) No ( )

**SECTION II - ACADEMIC INFORMATION**

1. Are you currently enrolled in college? Yes ( ) No ( ) What Year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What College do you plan to attend in the fall?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What was your GPA at the last school you attended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What was your class # rank in High School? \_\_\_\_ xxx of xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What do you plan as your college major(s) or field(s) of study?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Will you be a full-time student? Yes( ) No ( )

7. Do you plan to work while attending college? Yes( ) No ( )

 If so, how much? Full Time( ) Part Time( ) Summer( )

**SECTION III- ANTICIPATED NEED**

1. Please itemize your needs (Dollar amount).
	1. Tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Books: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. Room and Board: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. Personal/Misc : \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How do you plan to finance your college education?

**SECTION IV - ACTIVITIES**

1. List your school, church, and community activities.
2. List offices you held in organizations.
3. List honors you’ve been awarded.

**SECTION V – LEADERSHIP RESPONSE/ESSAY**

Rosalynn Carter said about Leadership, “A leader takes people where they want to go. A great leader takes people where they don’t necessarily want to go, but ought to be.”

In one sentence explain who Rosalynn Carter is, and in 250 words or less describe a personal leadership experience when you led someone (or a group) where they wanted to go or where they ought to be. Include your response/essay with your application.

I understand:

The deadline for submittal for the scholarship application is the 15th of July 2022.

Any falsification or information omissions will invalidate my application.

 I must provide an enrollment verification from my chosen college with classes listed before KNGLDF can issue me a scholarship check.

 A scholarship award not claimed by September 30th of the award year will be revoked and may be passed on to an alternate recipient.

 Should I fail to complete the academic year for reasons other than sickness, physical injury, or national emergency, I must refund the scholarship award to the KNGLDF at 1117 Louisville Road Frankfort, KY. 40601.

 By my signature I acknowledge full understanding and acceptance of all statements on this form and have not provided any false information on submitted forms.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_