

KY National Guard Leader Development Foundation Scholarship Application

2023-v1

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, and 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 ()

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. 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.

4. 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)

www.ngaky.org
1117 Louisville Road, Frankfort, Kentucky 40601
502-564-7500

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SECTION I - PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Email: _____

Guardian/
Fathers Name: _____ Occupation: _____

Guardian/
Fathers Employer: _____

Guardian/
Mothers Name: _____ Occupation: _____

Guardian/
Mothers 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 ()

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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 last school attended? _____
4. What was your class # rank in High School? _____
5. What do you plan as your college major(s) or field of study(ies)?

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()

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SECTION III- ANTICIPATED NEED

1. Please itemize your needs (Dollar amount).

a. Tuition: _____

b. Books: _____

c. Fees: _____

d. Transportation: _____

e. Room and Board: _____

f. Personal/Misc : _____

2. How do you plan to finance your college education?

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SECTION IV - ACTIVITIES

1. List your school, church, and community activities.

2. List offices which you held in any organization.

3. List honors which you have been awarded.

4. Please write a 250-word essay about the following.

Select a current KY Federal or State Executive or Congressional Elected Official you consider an effective leader.

In 250 words or less, tell us which leadership trait(s) this Elected Official displays and practices that make them an effective leader.

Ensure to include the name of the Elected Official in your response.

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I understand:

The deadline for the scholarship application is **July 17, 2023**.

The application must be received at the National Guard Association Building
1117 Louisville Road, Frankfort, KY 40601 **NLT 3:00pm ET** on July 17, 2023.

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 _____

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