

## National Guard Association of Minnesota & McGough



## Academic Scholarship Application 2024

		Last Name	
			City
Sta	ate Zip	Phone	E-mail
Ple	ease check one of the fo	llowing:	
	Active Member  Al	umni/Retired Life Me	mber ☐ Spouse ☐ Child ☐ Grandchild
If y	you are a spouse, child,	or grandchild, who is	the NGAMN member you are related to?
NO	GAMN Member (first a	nd last name):	
Na	ame of college/universit	y/trade school you are	e/will be attending:
De	egree/trade program you	are pursuing:	
Cu	rrent cumulative GPA:		
Se	mester hours currently	enrolled in:	
Se	mester hours successful	lly completed in each	of the past two semesters:
	ne following documents an Thursday, August 1,		the NGAMN Executive Director by email no later
	Completed academic s	scholarship application	n form.
			t 1 page but no more than 2 pages, double-spaced, ins) submitted in a Word document format.
		•	s serve in the military. How would you propose to increase military service in your generation?
	Your resume or biogra	phical summary.	
	For current high school students, provide a copy of the letter of acceptance for the college/trade school you will be attending.		
	A copy of your transcrattending (official trans	-	the high school/college/trade school that you are d).