

# **GASTON COUNTY HONOR GUARD**

## **SCHOLARSHIP APPLICATION**

### **Scholarship Information**

The Gaston County Honor Guard will award a one-year scholarship to the son or daughter of a Gaston County active, retired, or honorably discharged veteran. Proof of military service must accompany this application (DD Form 214; Retirement Orders, or Active Service Letter).

The scholarship will be a \$1,000.00 grant, payable \$500.00 for 1<sup>st</sup> semester and \$500.00 2<sup>nd</sup> semester.

# Gaston County Honor Guard Scholarship Application

1.

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Last Name	First Name	Middle Initial	Social Security # (last 4 digits)
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Applicant's Home Address	City, State, Zip	Phone
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School Address of Applicant	City, State, Zip	Phone
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2.

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Name of Parent (s)/Guardian (s)

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Address	City, State, Zip	Phone
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School currently attending

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Address	City, State, Zip	Phone
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4.

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Name of School you plan to attend this fall	City, State, Zip	Phone
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Have you been formally accepted: \_\_\_\_\_ Yes \_\_\_\_\_ No

Anticipated date of College graduation: \_\_\_\_\_

5. Leadership/Citizenship:

\*List civic/community activities in which you have participated within the past two (2) years:

*\*If needed, use back of application for additional information or attach a separate page*

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List school and academic activities in which you have participated within the past two (2) years:  
*\*If needed, use back of application for additional information or attach a separate page*

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List offices to which you have been elected and any honors, awards and special recognition (s), which you have received within the past two (2) years:  
*\*If needed, use back of application for additional information or attach a separate page*

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6.  
Write an essay (300 word minimum) on why a scholarship is needed and what your goals are.  
*(Attach essay on separate page.)*

If I am an award recipient, you have my permission to release award information for publication. If applicant is under eighteen (18) years of age, parent/guardian please sign.

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Date

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Signature of Applicant or Parent/Guardian

**TO BE COMPLETED BY PARENT (S) OR GUARDIAN (S)**  
(If applicant is claimed as a dependent on Tax Return)

1.

Occupation of Father: \_\_\_\_\_

Occupation of Mother: \_\_\_\_\_

2.

Military connection (active, retired, honorable discharge): \_\_\_\_\_

\_\_\_\_\_

3.

Comments (i.e., unusual expense for family member): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby declare that to the best of my knowledge and belief, the foregoing statements are complete and correct.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Guardian

# SCHOLARSHIP APPLICATIONS

## IMPORTANT

If a transcript is being sent by the school at the applicant's request, it is the applicant's responsibility to follow up and be sure that it is received by the Gaston County Honor Guard before the deadline for the submission of the application.

Applications that are incomplete or postmarked after applicable due date shown below WILL NOT be considered for a scholarship.

## DUE DATE:

High School Seniors:

Must be POSTMARKED Prior to April 30th to this address:

Gaston County Honor Guard  
Attn: S Botka  
1723 Timberlane Street  
Gastonia, NC 28054

Check off the following REQUIRED ATTACHMENTS indicating they are enclosed or are being forwarded by the school and RETURN this sheet with your application.

	Enclosed	School Forwarding
Transcripts (must be in sealed envelope from your school)	___ Y ___ N	___ Y ___ N
Essay (300 words minimum)	___ Y ___ N	___ Y ___ N
Proof of Military Service, DD Fm 214, active service letter, or Retirement Orders	___ Y ___ N	___ Y ___ N
Recommendation Letters (max of 3)	___ Y ___ N	___ Y ___ N

\*\*Applicant Name and Telephone Number \_\_\_\_\_

\*\*Applicant and/or parent email address: \_\_\_\_\_

\*\*REQUIRED INFORMATION