ADJUTANT GENERAL'S CORPS REGIMENTAL ASSOCIATION (AGCRA)
SCHOLARSHIP PROGRAM APPLICATION

I, the undersigned, do hereby make application for an AGCRA scholarship.

Date of AGCRA Scholarship Application:_____(Must be submitted by May 1st of each calendar year)

Application is for the academic year beginning Fall _____

Circle Appropriate Request: INITIAL / RENEWAL

Circle Appropriate Applicant Information: AGCRA MEMBER / AGCRA DEPENDENT

Student's Name:_____SSN:_____
Last First MI

Student ID number: _____

Home Address: _____ (_____)_____
Telephone Number

_____
City State Zip Code

Date of Birth:_____Place of Birth:_____Age: _____

High School:_____ (_____)_____
School Name Telephone Number

_____
City State Zip Code

Date or Projected Date of High School Graduation: _____

Are you currently attending a college, university, or technical institute: YES / NO (Circle One)

Name of University / College Registrar / Bursar, or established 529 education savings plan, and complete address to which scholarship should be mailed:

_____

Degree or Course of Study Contemplated / Enrolled: _____

Circle classification for current academic year: Freshman Sophomore Junior Senior

Current AGCRA Association Card Number:_____Issued: _____
(Required) (Required)