



Chief Warrant and Warrant Officers Association, USCG Art and Eleanor Colona Scholarship Application

APPLICANT INFORMATION

Name (Last, First, Middle)		Age	
Mailing Address			
(Number, Street, RFD or P. O. Box		(City) (State) (Zip Code)	
Telephone Number:		Email Address:	
Present Grade Level in School is: High School - Senior <input type="checkbox"/> College - (1) (2) (3) (4) <input type="checkbox"/>		Presently enrolled in an accredited institution for post secondary education? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, Name of Institution	

SPONSOR INFORMATION

Name (Last, First, Middle)		Rate Specialty/Rank	
Date first entered Coast Guard/Coast Guard Reserve		Current Duty Station	

IF SPONSOR IS DECEASED, COMPLETE THE FOLLOWING

Date of Death	Status at time of Death Coast Guard (Active Duty) <input type="checkbox"/> Coast Guard (Retired) <input type="checkbox"/> Coast Guard Reserve <input type="checkbox"/>	
The above information is submitted for the purpose of determining my status as a dependent son/daughter of an enlisted member of the United States Coast Guard (active, retired or reserve). I hereby apply for consideration of a scholarship grant to attend an accredited institution of higher learning above high school. Attached is my essay setting forth my reason(s) for pursuing post secondary education?		
(School I am planning to attend)	Major	(Signature of Applicant)

SPONSOR CERTIFICATION

1. I am an enlisted member of the United States Coast Guard (active, retired or reserve) and this application is submitted with my approval. The applicant is eligible for consideration of the Art and Eleanor Colona Scholarship Grant.

2. The applicant is my dependent _____ (Relationship of applicant to sponsor)

(Date) _____ (Signature of Sponsor)