

OHIO NATIONAL GUARD SCHOLARSHIP PROGRAM APPLICATION

****Note: THIS APPLICATION IS FOR INITIAL USE ONLY!!!**

(1) _____
Last Name First Name Middle Initial Rank SSN#

(2) _____
Address City County State Zip

(3) () **Sex** **Race** **SUC**
Phone (Male or Female) (Statistical use only)

(4) _____ (5) _____
School Name Term name /Month & Year

(6) You must enroll for a minimum 6 credit hours. Indicate projected number of credit hours.
(7) Have you previously RECEIVED a Baccalaureate degree? YES / / NO / /

(8) **EMAIL #1** _____ **EMAIL #2** _____

(9) I will have submitted to the Ohio National Guard Scholarship Program an authorized application by the established deadlines. I further affirm that I have signed and understand the "Statement of Understanding" (AGOH form 621-1 dtd 1Sep05). **A copy of the AGOH Form 621-1 is attached.** The above information is true to the best of my knowledge.

(10) _____
APPLICANT'S SIGNATURE DATE

Section B. - To be completed by MEPS or the applicant's Unit Commander/Unit Administrator. I certify that applicant's enlistment and ETS dates are:

*NON-PRIOR SERVICE	ONG PRIOR SERVICE	**PRIOR SERVICE (ONG Enlistment)
Enlistment _____	Previous ONG Enlistment	Enlistment _____
ETS _____	Enlistment _____	ETS _____
AIT _____	ETS _____	
*If requesting waiver for BMT or AIT - must attach waiver		**If 3 year enlistment with the ONG - attach 3 year Prior Service Agreement and copy of DD 214 or other documentaion of satisfactory service
**If 3 year enlistment with the ONG - attach 3 year Non-Prior Service Agreement	Current ONG Enlistment	
	Enlistment _____	
	ETS _____	

I further certify that this applicant has signed and dated AGOH Form 621-1 (dtd 1SEP05) and has been advised by the undersigned as to what constitutes maintaining "membership in good standing" while assigned to this univ and that his/her scholarship will be immediately terminated if he/she fails to maintain the standards set forth in AGOR 621-1/35-1 and that **REDRESS COULD BE SOUGHT through the court system to recoup state funds expended, when a person FAILS TO COMPLETE THEIR SIX-YEAR ENLISTMENT CONTRACT.** Also, I certify that this applicant will be occupying a valid MTOE/TDA (ARNG) or UMD (ANG) position while using this program.

Signature of MEPS Representative, Recruiter, Unit Commander/Unit Administrator Date

**AGOH Form 621-2 (1SEP05)
Other Forms Obsolete**

Note:
1. If you desire a return receipt indicating the date this form is received at ONG Scholarship Program, please print your name and address on the reverse of this card and mail the entire application to AGOH-SP.
2. Mailing of this form is the individual's responsibility and as such **MUST** be done at their expense. Federal postage **MAY NOT** be used to mail these forms to AGOH-SP.