

**Society of the Honor Guard
Tomb of the Unknown Soldier**

PO Box 1111

Hermitage, PA 16148-1111

www.tombguard.org

“Soldiers never die until they are forgotten, Tomb Guards never forget”

SCHOLARSHIP APPLICATION

Name _____

Address _____

City, State, Zip _____

Telephone _____

Fax _____

Email _____

SHGTUS Sponsor _____

Birthday _____

SSN# _____ Sex **M F**

Marital Status _____ Legal Dependents _____

Citizenship _____

State of Legal Residence _____

High School Attended _____

Address _____

Date Graduated _____

Currently Enlisted in the Military _____

Veteran _____

I. Educational Plans

List in order of personal preference those colleges to which you will apply and indicate tuition, fees (including textbooks), and room/board for each. If you currently are enrolled in college, indicate the name of the institution and the breakdown for your tuition.

College or University	* Tuition	* Housing	* Books & Classroom Fees	* Total \$\$

*Compute total cost per year

Do you plan to live on-campus or off-campus: _____

Major or field(s) of interest: _____

Proposed Profession: _____

List all scholarships or financial assistance for which you are applying or receiving:

II. Parents/Guardians

Father (Guardian): _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

II. Parents/Guardians (cont.)

Mother (Guardian): _____

Address: _____
(if different than above)

City, State, Zip Code _____

Telephone: _____

Parent(s) Household Size: _____

Parent(s) Number in College: _____

III. Income of Applicant

Scholarships Awarded (for school year student is applying for SHGTUS Scholarship):

Projected Student Income (for school year student is applying for SHGTUS Scholarship):

Are you receiving any other financial assistance for your education: _____

If yes, please list source and amount: _____

IV. Student Employment Record

Employed: _____

Date of Hire: _____

Position: _____

Duties: _____

V. Certification

I, _____, hereby certify that financial assistance is necessary to attend the educational institution of my choice during the _____ Academic year as indicated.

In signing this scholarship application from the Society of the Honor Guard, Tomb of the Unknown Soldier Scholarship Program, I hereby authorize the scholarship administrator serving this program to request from any school I have attended: information, transcripts, financial aid records and any other records deemed necessary for the administration of this scholarship administrator.

Signature of Applicant

Date