U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-6054 (12-05)	**Coast Guard Foundation Scholarship Application**	DOC. NO. CG-1112

APPLICANT DATA:

Ms. ☐ Mr. ☐ Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

DOB: Month ___/___ Day ___/___ Year ___/___/___/___ Student Tel #: _____

Sponsor Tel #: _____ Student E-mail: _____

High School Data: Will you graduate from high school this year? Yes ☐ No ☐

Expected high school graduation date: Month ___/___ Year ___/___/___/___

Cumulative GPA: _____ (convert on a 4.0 basis) Rank in Class: _____ of _____

High School: _____

City: _____ State: _____

College Data:

Did you attend college last year? Yes ☐ No ☐ If yes, give your GPA _____ (convert on a 4.0 basis)

List the undergraduate US college/school you attend or the colleges/schools where you have applied.

Name: _____ State: _____

Name: _____ State: _____

Major: _____

Expected college graduation date: Month ___/___ Year ___/___/___/___

Expected college degree: AA ☐ BA ☐ BS ☐ Other ☐ If other, please explain: _____

_____

Community Service and Extra-Curricular Activities Data:

Please provide information that relates to activities occurring during the last 4 years of high school to the present. You may attach a resume highlighting your service or activities.

_____

_____

_____

_____

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Coast Guard Foundation Scholarship Application

EMPLID NO. Verification

CG-1112 only

Coast Guard Sponsor Data:

Pay Grade: _____ Rank: _____ Employee ID *(Do not give your social security number)* _____

Last Name: _____ First Name: _____ MI: _____

Coast Guard Unit: _____

City: _____ State: _____

District: _____ Area: _____ Sector: _____ ISC: _____

Yes	No	
☐	☐	Active Duty (*If yes, date entered on active duty)* _____
☐	☐	Reserve on extended active duty *(If yes, give start date of present* ***duty assignment****)* _____
☐	☐	Retired *(If yes, date of retirement from the Coast Guard)* _____
☐	☐	Deceased *(If yes, provide date)* _____

Print Name (Father): _____ Tel # _____

Print Name (Mother): _____ Tel # _____

Student/ Sponsor Certification:

We certify that, to the best of our knowledge, all responses are true and factual, the sponsor, as well as the applicant, has reviewed the eligibility requirements. We verify the applicant is unmarried and has not reached the age of twenty-three (23) on this day. We also agree, if the applicant is selected as a scholarship recipient, applicant, parent and sponsor name, along with sponsor duty location will be used for purposes of news and publicity of the Coast Guard Foundation Scholarship Program by Commandant (CG-1112) and the Coast Guard Foundation for current and future promotions of the scholarship program.

Signature of Applicant: _____ Date: _____

Print Name: _____

Signature of Sponsor: _____ Date: _____

Print Name: _____

5 U.S.C. 552(a) Privacy Act

a. **AUTHORITY**: 5 U.S.C. § 301 Departmental Regulations

b. **PURPOSE**: To collect information for the purpose of processing requests for consideration for award of a Coast Guard Foundation Scholarship.

c. **ROUTINE USES**: Used in the performance of official duties related to the processing of scholarship documents. Viewed by the selection panel and Coat Guard Foundation staff.

d. **DISCLOSURE**: Voluntary; however failing to provide the information may result in disqualification from consideration for award of a Coast Guard Foundation scholarship.

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