

# APPLICATION FORM

**Mail to:** Department of Military Affairs, ATTN: WIAR-PA-ED, P.O. Box 8111,  
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## WISCONSIN NATIONAL GUARD SCHOLARSHIP APPLICATION FORM

Part I.

National Guard Member (ARMY or AIR): \_\_\_\_\_

Unit of Assignment:

NAME:

ADDRESS:

CITY:                      STATE: **Wisconsin** ZIP:

SSN: (OPTIONAL)              E-Mail:

HOME PHONE:              WORK:

COLLEGE NAME:

SCHOLARSHIP APPLYING FOR:

DEGREE INTERESTED IN:

CLASS LOCATION:

Part II.

**Enclose an essay describing your personal and professional goals.**