

U.S. DEPARTMENT OF  
HOMELAND SECURITY  
U.S. COAST GUARD  
CG-6054 (01-05)

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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**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 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 Coast 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.