



**Association of Marksmen in the National Guard
Building 4904, Maryland Ave, Camp Joseph T.
Robinson North Little Rock, Arkansas 72199-9600**

APPLICATION CRITERIA INFORMATION

1. A scholarship applicant must be a Life Member in Good Standing or a dependent of a Life Member in Good Standing.
2. All scholarship grants are to help cover the cost of tuition, school fees, applicable room and board fees and books at a nationally or regionally accredited college, university, community college or trade school.
3. All educational institutions to be attended by scholarship recipients must be geographically located within the 50 United States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands or Guam.
4. Academic Freshmen - Applicants must include a Letter of Acceptance from the institution along with a copy of their High School Diploma, or a written statement from the school counselor that the student is eligible for graduation and includes current GPA. Applicants currently enrolled in college will provide a copy of their current or most recent transcript along with proof of enrollment in the upcoming term(s).
5. Minimum GPA of a 2.5 (or equivalent for trade schools) is required to apply.
6. Applicant may apply for a maximum of four annual grants of \$500 per year for a total of \$2000. If an applicant is not selected for the scholarship in a given year, it will not be counted towards the four possible grants allowed by one individual.
7. All scholarship grants will be paid directly to the educational institution to be attended by the recipient. Completed applications must contain the correct contact information for the institution Bursar's Office, Registrar or Business Office.
8. Scholarship Recipients will be notified no later than July 1st and funds will be distributed directly to the educational institution after the notifications and prior to school beginning. All new applicants or previous scholarship recipients must apply or re-apply each year.
9. Applications for the 2026-27 Fall/Spring terms must be received no later than April, 15th, 2026.



The below signed applicant gives permission to officials of my institution to release transcripts of my academic record and other information requested for consideration for the AMNG Scholarship program. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation written on my behalf. I affirm that this application, including the policy proposal, is my own work formally cited from other sources. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Full Legal Name of the Applicant: _____

, please contact the AMNG Secretary 1SG(Ret) Micah Marchand at (501) 628-4836 or micah.marchand@outlook.com.

Sincerely,

MICAH MARCHAND
1SG(Ret) US Army
Association of Marksmen in the National Guard
Executive Committee Secretary

Association of Marksman's in the National Guard

AMNG Scholarship Application

I, _____ give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration for the AMNG Scholarship program. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation written on my behalf. If selected as an AMNG Scholar, I agree to attend the College for at least two years. I affirm that all of this application, including the policy proposal, is my own work for formally cited from other sources. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Date _____ Signature _____

Legal name in full of person applying for the scholarship

Last Name	First Name	M.I.
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Permanent residence

Number, Street, and Apartment Number

City	State	ZIP
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Name of AMNG Sponsor

Last Name, First, M.

Life Member

Annual Member

Telephone number of AMNG Sponsor	State	ZIP
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Name of College:

Home telephone _____ () _____

of applicant _____

School _____ () _____

telephone _____

E-mail _____

Cell Ph: _____ Birth date _____ Age _____

Month/Dav/Year

(Check one) I am a U.S. citizen U.S. national Resident alien expecting citizenship by the date of award.

Name of college/trade school: _____

Bursar's Office contact information: _____

Your undergraduate/trade school major(s)/skill(s)

Association of Marksman's in the National Guard

AMNG Scholarship Application

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- 1. List college and high school activities (student government, sports, publications, school-sponsored community service programs, student-faculty committees, arts, music, ROTC, etc.) List in descending order of significance.**
- 2. Describe the education program you intend to pursue if you receive an AMNG Scholarship.**
- 3. Explain your future in the military if any.**
- 4. How have you as a marksman contributed to the National Guard and/or civilian marksmanship programs.**

Return this application via email to AMNGexecutiveboard@gmail.com or USPS, Attn: David Stapp, Association of Marksmen in the National Guard (AMNG), BLDG 4904 Maryland Ave, North Little Rock, Arkansas 72199