

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
CGES SCHOLARSHIP PROGRAM APPLICATION

OMB CONTROL NO: 1625-NEW
 EXP. DATE: MM/DD/YYYY

APPLICANT INFORMATION

NAME	BIRTH DATE
ADDRESS	PHONE
	EMAIL

HIGH SCHOOL DATA

HIGH SCHOOL	CITY	STATE
WILL YOU GRADUATE FROM HIGH SCHOOL THIS YEAR? YES NO	EXPECTED HIGH SCHOOL GRADUATION SCHOOL DATE MONTH: YEAR:	
CUMULATIVE GPA: (convert on a 4.0 basis)	RANK IN CLASS: of	
High School transcript enclosed:	<input type="checkbox"/>	<input type="checkbox"/>
Essay enclosed:	<input type="checkbox"/>	<input type="checkbox"/>
Two letters of recommendation enclosed:	<input type="checkbox"/>	<input type="checkbox"/>
S.A.T. or A.C.T. scores included on transcript: (If not, have testing agency forward the scores directly to the CGES Scholarship Committee.)	<input type="checkbox"/>	<input type="checkbox"/>
INTENDED COLLEGE	STATE	
INTENDED DEGREE MAJOR	MINOR	

HIGH SCHOOL EXTRA CURRICULAR ACTIVITIES

Please provide information that relates to activities occurring during high school and include dates. You may attach a resume highlighting your activities.

COMMUNITY/VOLUNTEER ACTIVITIES

Please provide information that relates to community activities occurring during the last four years and include dates. You may attach a resume highlighting your activities.

COAST GUARD PARENT/GUARDIAN INFORMATION

LAST NAME		FIRST NAME	MIDDLE INITIAL
RANK/POSITION		CG EMPLOYEE ID	
CHECK APPLICABLE CATEGORY:			
CG ACTIVE DUTY	CG RESERVE	CG MILITARY RETIREE	CG AUXILIARIST
CURRENT CG CIVILIAN			
COAST GUARD UNIT			
CITY	STATE	DAYTIME PHONE NO.	

APPLICANT/PARENT/GUARDIAN CERTIFICATION

WE CERTIFY THAT, TO THE BEST OF OUR KNOWLEDGE, ALL RESPONSES ARE TRUE AND FACTUAL, THE PARENT/GUARDIAN, AS WELL AS THE APPLICANT, HAS REVIEWED THE ELIGIBILITY REQUIREMENTS.

SIGNATURE OF APPLICANT _____	DATE _____	PRINT NAME _____
SIGNATURE OF PARENT/GUARDIAN _____	DATE _____	PRINT NAME _____

5 U.S.C. 552(a) PRIVACY ACT

AUTHORITY: 5 U.S.C. 301, and 44 U.S.C. 3101.

PURPOSE: To collect academic information for the purpose of evaluating and processing Coast Guard Exchange System (CGES) Scholarship applications.

ROUTINE USES: Information will be used by Coast Guard Exchange System selection panel members to evaluate and process CGES Scholarship applications. Any external disclosures of data within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel System of Records, 76 Federal Register 66933, October 28, 2011, and DHS/USCG-018, Exchange System and Morale Well-Being and Recreation System of Records, 73 Federal Register 77736, December 19, 2008.

DISCLOSURE: Voluntary; however failing to provide the information may result in disqualification from consideration for award of CGES Scholarship.

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is OMB 1625-new. The estimated average time to complete this application is 240 minutes. If you have any comments regarding the burden estimate you can write to U.S. Coast Guard, Community Services Command, 510 Independence Parkway, Suite 500, Chesapeake, VA 23320.