Established in July 1988 to assist NCOA Auxiliary Division members wishing to prepare themselves for employment or improve on employable skills, Bettsy Ross Grants are designed to help defray the cost of taking a course at an accredited local business or technical school.

Each year 12 one-time grants in the amount of $250 are awarded to Auxiliary members. Upon selection NCOA will forward a check on behalf of the applicant to the school of their choice.

The Bettsy Ross Educational Fund was not named for the Betsy Ross who stayed up all night sewing our first American Flag. We were fortunate enough to have our very own Bettsy Ross. Bettsy Ross served two terms as President of the NCOA International Auxiliary. Bettsy was a strong supporter of NCOA and the Auxiliary for many years and was a strong proponent for educational benefits for spouses of military members. The NCOA Board of Directors recognized her lifelong efforts to help others and her many selfless sacrifices for this Association by naming the grant in her honor.

The Bettsy Ross Educational Fund is one more good reason for being a member of this great Association. NCOA pledges to you, our member - we will never stop searching for ways to better serve you and your family.

Completed grant applications should be submitted to:

NCOA
Attn: Bettsy Ross Grants
9330 Corporate Dr, Suite 708
Selma, TX 78154

Via FAX – (210) 637-3337
Via email – tkish@ncoausa.org
BETTSY ROSS EDUCATIONAL FUND
GRANT APPLICATION

Name ____________________________________________ Student ID __________

Address ______________________________________________________________________________________

City ___________________________ State ___________ Zip Code __________

Telephone _____________________ Email address ______________________________

Course name _________________________________________________________________

Start Date ___________ Completion Date ___________ Total Cost ___________

School _________________________________________________________________

Address ______________________________________________________________________________________

City ___________________________ State ___________ Zip Code __________

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Briefly describe what this grant means in respect to your educational goal:

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I understand membership in the NCOA International Auxiliary is required for grant consideration.
My NCOA Auxiliary membership number is _________________________________.

Signature ____________________________________________ Date ________________