

USASMA FELLOWSHIP APPLICATION CHECKLIST		
#	<u>Document</u>	Included (Y/N)
1	DA 4187	
2	DA705 (Copy of Permanent Profile if Applicable)	
2a	DA500/5501 (If Required)	
3	DA 1059 From Sergeants Major Course (SMC)	
4	500-600 Word Essay (Formatted in APA 7)	
5	2-3 Letters of Recommendation (One must be Brigade Level)	
6	Memorandum for Record (MFR) with GPA Information	
7	Under Graduate College Transcripts	
8	SRB	
9	Most Recent NCOER X3	
10	Individual Resume	
11	ARNG & USAR ONLY- Enlisted Sanctuary Program MFR	
12	ARNG (M-Day) NGB 23B	
13	USAR (TPU) DA FORM 1506	

\*\*\*Labeling Convention for Packet Submission as Follows\*\*\*

- Each Document will be labeled with its corresponding number (Example Below)

1-SGMXXXX\_4187

2-SGMXXXX\_DA705

- Send all forms required for the packet as individual PDF documents in one email. DO NOT COMBINE DOCUMENTS INTO ONE PDF.
- Incomplete Packets will not be considered.

## PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

<b>AUTHORITY:</b>	Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended	
<b>PRINCIPAL PURPOSE:</b>	To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.	
<b>ROUTINE USES:</b>	The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.	
<b>DISCLOSURE:</b>	Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.	

1. THRU <i>(Include ZIP Code)</i> BDE COMMANDER INFO	2. TO <i>(Include ZIP Code)</i> AHRC, ATTN: Mr. Minor, 1600 SPEARHEAD DIVISION AVE, FORT KNOX, KY 40122	3. FROM <i>(Include ZIP Code)</i> BN COMMANDER INFO
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### SECTION I - PERSONAL IDENTIFICATION

4. NAME <i>(Last, First, MI)</i>	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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### SECTION II - DUTY STATUS CHANGE *(AR 600-8-6)*

7. The above Soldier's duty status is changed from _____ to _____ _____ effective _____ hours, _____
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### SECTION III - REQUEST FOR PERSONNEL ACTION

<input type="checkbox"/> Service School <i>(Enl only)</i>	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training <i>(Enl only)</i>	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment <i>(Enl only)</i>	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other <i>(Specify)</i> B.O.P.
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	
9. SIGNATURE OF SOLDIER <i>(When required)</i>		10. DATE <i>(YYYYMMDD)</i>

### SECTION IV - REMARKS *(Applies to Sections II, III, and V) (Continue on separate sheet)*

(A) I hereby apply for the FY2023 NCOLCoE and SGM-A Fellowship Program. I understand I cannot compete for any other program listed at <http://www.hrc.army.mil/bop>.

(B) I understand I may be required to reimburse the U.S. Government the costs of training, if I voluntarily or involuntarily fail to complete the Master's Degree with Penn State/Syracuse University or the required service obligation.

(C) I understand that I am not eligible to compete for CSL or a nominative assignment until after successful completion of the Master's Degree Program and three years as an instructor at the NCOLCoE and SGM-A. Selection on CSL or nominative list during 3rd year of instructor requirement will normally result in PCORD/report date for assuming CSM/nominative duties being after 3rd year of instructor requirement is fulfilled.

(D) My email address is: XXXXXXXXXXXXXXXX.mil@army.mil.

(E) My school preference is:

- 1.
- 2.

### SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change <i>(Section II)</i> or that the request for personnel action <i>(Section III)</i> contained herein -		
<input type="checkbox"/> HAS BEEN VERIFIED	<input checked="" type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND DISAPPROVAL
<input type="checkbox"/> IS APPROVED	<input type="checkbox"/> IS DISAPPROVED	
12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE <i>(YYYYMMDD)</i>
Your BN CDR info		

15. NAME OF INDIVIDUAL		16. SSN				
<b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>						
AUTHORITY	a. TO BDE COMMANDER		b. FROM BN COMMANDER			
	c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME ( <i>Last, First, Middle</i> )		e. RANK		f. DATE (YYYYMMDD)		
g. TITLE/POSITION		h. SIGNATURE				
i. COMMENTS						
AUTHORITY	a. TO		b. FROM			
	c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME ( <i>Last, First, Middle</i> )		e. RANK		f. DATE (YYYYMMDD)		
g. TITLE/POSITION		h. SIGNATURE				
i. COMMENTS						
AUTHORITY	a. TO		b. FROM			
	c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME ( <i>Last, First, Middle</i> )		e. RANK		f. DATE (YYYYMMDD)		
g. TITLE/POSITION		h. SIGNATURE				
i. COMMENTS						



DEPARTMENT OF THE ARMY  
THEIR UNIT LETTER HEAD

ATSS-DAF

27 JUL 2022

MEMORANDUM FOR COMMANDANT, NCO Leadership Center of Excellence and the Sergeants Major Academy, 11291 Sergeant E. Churchill Street, Fort Bliss, Texas 79918

SUBJECT: Letter of recommendation for SGM FIRST MI. LAST NAME

1. I recommend SGM FIRST MI. LAST NAME for selection to the Sergeants Major Academy Fellowship Program. SGM Blank possesses a strong combination of leadership and technical expertise. I consider him to one of the most professional and experienced NCOs that has served in the State National Guard.
2. As a NCO in the National Guard, SGM Blank demonstrates outstanding leadership and dedication. He works as the State Army National Guard Active Guard/Reserve (AGR) Manager, where he advises the Chief of Staff on all AGR personnel matters.
3. SGM Blank consistently exhibits the highest degree of integrity, loyalty, and motivation. He is a professional dedicated NCO and is a representative for the State Army National Guard, and I am confident that he will bring great value to any organization that is fortunate enough to have him as a member of their team.
4. Point of contact for this memorandum is the undersigned at phone number and email address

FIRST MI. LAST  
SGM, USA  
Postion



**DEPARTMENT OF THE ARMY**

THE NONCOMMISSIONED OFFICER LEADERSHIP CENTER OF EXCELLENCE  
AND UNITED STATES ARMY SERGEANTS MAJOR ACADEMY  
11291 SGT E. CHURCHILL STREET  
FORT BLISS, TEXAS 79918

ATSS-DAO

10 August 2022

**MEMORANDUM FOR RECORD**

**SUBJECT: Sergeants Major Academy (SGM-A) Fellowship Applicant Information**

1. The following individual is applying for the SGM-A Fellowship:
  - a. Grade: E-9
  - b. Name: LAST, FIRST MI
  - c. Last four of SSN:
  - d. Baccalaureate Degree GPA: 3.55 (Business & Management)/ Excelsior College, Albany NY.
  - e. Graduate Degree: Currently pursuing a Master Degree in Leadership Studies from the University of Texas at El Paso.
  - f. College preference: Syracuse
2. I understand that if I am selected for the 2023 SGM-A Fellowship, I will incur an active duty service obligation of two days for each day I am in my selected Broadening Opportunity Program. I also understand that I will be obligated to serve a 24-36 month utilization assignment immediately following my fellowship, as determined by the Commandant, NCOLCoE and SGM-A I authorize the U.S. Army Human Resources Command to release all documents to anyone who may require them in connection with my nomination or selection to a broadening opportunity program.
3. The point of contact for this memorandum is the undersigned at (XXX) XXX-XXXX or YOUREMAIL.mil@mail.mil

FIRST MI. LAST  
SGM, USA  
Position