

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

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended

PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.

DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

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

4. NAME (Last, First, MI)	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, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<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 (Enl only)	<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 (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) B.O.P.
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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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 (Section II) or that the request for personnel action (Section III) contained herein -
☐ HAS BEEN VERIFIED ☒ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE Your BN CDR info	13. SIGNATURE	14. DATE (YYYYMMDD)
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15. NAME OF INDIVIDUAL		16. SSN	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
AUTHORITY	a. TO BDE COMMADNER	b. FROM BN COMMADNER	
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			
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