



MILITARY DEPARTMENT
STATE OF SOUTH CAROLINA
SOUTH CAROLINA STATE GUARD
OLYMPIA ARMORY, 551 GRANBY LANE
COLUMBIA, SOUTH CAROLINA 29201
803-299-4238
803-253-6210 Fax
www.sg.sc.gov

Dear State Guard Applicant:

Thank you for your interest in the South Carolina State Guard. You have taken the first step toward becoming a member of one of our State's oldest military organizations. The State Guard is a part of the South Carolina Military Department and there are a number of qualifications that all new personnel must meet. Some of these requirements are as follows:

- Be between the ages of seventeen (17) years (with parent/guardian consent) and 71 years of age.
- A US citizen or a resident of South Carolina. Non US citizens must show proof of application for Citizenship
- Meet basic medical condition criteria. (Cannot have a medical condition that would endanger self or others).
- No record of drug or alcohol abuse.
- No visible tattoos on neck above the collar of the t-shirt or below the wristbone
- Meet Height and Weight requirements (Reference the Height/Weight chart included with this document
See: Form 20/66 Record of Basic Data; Height/Weight Chart
- An Honorable or General Discharge (Under Honorable Conditions) if prior active or reserve military service
- Cannot be a current member of an active or reserve component of the US Armed Forces or of another State Defense Force.
- If seeking Warrant Officer appointment: An Associate Degree from an accredited institution
- If seeking Commissioned Officer Appointment: A Bachelors degree or higher from an accredited institution

If you meet the membership requirements listed above, please complete the attached Record of Basic Data form and be prepared to submit all "REQUIRED" documents that apply. Your complete application will not be processed until all REQUIRED documents are submitted to your designated recruiter.

- If prior Federal service – Copy of DD214, NGB 22 or discharge from the Reserves – REQUIRED
- SCSG Form 20/66 – Record of Basic Data (enclosed) – REQUIRED
- Copy of Diploma showing your highest educational achievement – REQUIRED
- If seeking appointment as a Warrant Officer – Copy of Associates Degree – REQUIRED
- If seeking appointment as a Commissioned Officer – Copy of Bachelors, Masters or Doctoral Degree (Transcripts are not necessary). – REQUIRED
- Copy of birth certificate (Current passport is acceptable) – REQUIRED
- Applicants must complete / provide a criminal background check prior to acceptance into the SCSG – REQUIRED
- A Completed South Carolina State Guard Medical Service Inquiry Form – REQUIRED
- Any special training documents or civilian licensed skills that you would like to be included in your Enlistment Packet i.e. CDL – OPTIONAL

How did you hear about the S.C. State Guard?

SCSG Height/Weight Chart

(Rev Oct 2014)

Male [weight in pounds by age]

Female [weight in pounds by age]

Height	17-20	21-27	28-39	40+	Height	17-20	21-27	28-39	40+
58					58	139	141	142	144
59					59	144	154	146	148
60	152	156	159	161	60	148	149	151	153
61	156	160	164	166	61	152	154	155	157
62	161	164	168	170	62	156	158	160	162
63	165	169	173	175	63	161	163	164	166
64	170	174	178	180	64	165	167	169	171
65	175	179	183	185	65	170	172	174	176
66	180	183	188	190	66	175	176	178	181
67	185	189	194	196	67	179	181	183	186
68	190	194	199	201	68	184	186	188	191
69	195	199	204	206	69	189	191	193	196
70	200	205	209	212	70	194	196	198	201
71	205	209	214	217	71	199	201	203	206
72	210	215	220	223	72	204	206	208	211
73	215	220	225	228	73	209	211	214	217
74	221	226	231	234	74	214	217	219	222
75	226	232	237	240	75	220	222	224	228
76	232	237	243	246	76	225	227	230	233
77	238	243	249	252	77	230	233	235	239
78	243	249	253	258	78	236	238	241	245
79	249	255	261	264	79	241	244	247	250
80	254	260	267	270	80	247	250	253	256

Add 6 pounds per inch for males and 5 pounds for females over 80 inches in height.

RECORD OF BASIC DATA

APPLICANT INFORMATION

NAME: LAST		FIRST		MIDDLE or "NMN"	
SUFFIX:	GENDER (M or F): M F	NICKNAME:		BIRTH DATE (MM/DD/YYYY):	Last Four Digits of SSN:
COUNTRY OF CITIZENSHIP:	IF NOT U.S. CITIZEN, PLAN TO NATURALIZE: Y or N Y N		IF U.S. BIRTH, LOCATION:	STATE	CITY
RESIDENTIAL STREET ADDRESS:		CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT):		CITY		STATE	ZIP CODE
EMAIL:		CELL PH #	HOME PH #	Other Ph #	
HEIGHT (INCHES):	WEIGHT (LBS):	HAIR COLOR:	EYE COLOR:	BLOOD TYPE:	RACE:

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:		SUPERVISOR:		SUPV PH #:	
EMAIL:		WORK PH #	POSITION:	START DATE (MM/DD/YYYY):	
PLACE OF EMPLOYMENT STREET ADDRESS:		CITY		STATE	ZIP CODE:

EMERGENCY CONTACT INFORMATION

NAME: LAST		FIRST		RELATIONSHIP:	
RESIDENTIAL STREET ADDRESS:		CITY:		STATE:	ZIP CODE:
CELL PH #	HOME PH #	EMAIL:			

CIVILIAN EDUCATION (List most recent first):

SCHOOL/INSTITUTION	LOCATION (CITY, STATE)	YEARS ATTENDED (XX - XX)	DEGREE CONFERRED	EXPL NOTE, IF NEEDED

MILITARY SERVICE INFORMATION

IF NONE, CHECK HERE:

TYPE	BRANCH	ACTIVE or RESERVE	YEARS SERVED (XX - XX)	DISCHARGE or RETIREMENT	DOCUMENT ATTACHED
FEDERAL		A R		D R	DD-214 Y N
NATIONAL GUARD		A R		D R	NGB-22 Y N
STATE GUARD		A R		D R	
OTHER (ROTC, CAP, etc)					

ADDITIONAL INFORMATION

SPECIAL SKILLS, LICENSES, or CERTIFICATIONS:	ISSUING AUTHORITY or JURISDICTION:	DATE ISSUED:	EXPIRATION DATE:

NAME: LAST	FIRST	MIDDLE or "NMN"
------------	-------	-----------------

LEGAL INFORMATION -- YOU MUST INITIAL YOUR ANSWERS

INITIAL BELOW:

Have you ever been arrested for, charged with, or convicted of **ANY** offense (leave out traffic fines of less than \$150)? Y _____ N _____

Have you ever tried, used, sold, supplied, or possessed any narcotic (to include heroin or cocaine), depressant (to include Quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or pain), or anabolic steroid, except as prescribed by a licensed physician? Y _____ N _____

Are you now or have you ever: (1) been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities; (2) knowingly engaged in any acts of terrorism (3) advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force; (4) been a member of an organization dedicated to the use of violence or force to overthrow the U.S. Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or the specific intent to further such activities; (5) been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any State of the U.S. with the specific intent to further such action; or (6) knowingly engaged in activities designed to overthrow the U.S. Government by force? Y _____ N _____

ADDITIONAL INFORMATION THAT THE APPLICANT BELIEVES NECESSARY TO SUPPORT MEMBERSHIP IN S.C. STATE GUARD:

CERTIFICATION & SIGNATURE

I authorize any law enforcement agency to release to any officer of the SC State Guard any record of criminal history on file concerning me. I certify that the above information is true, complete and accurate to the best of my knowledge and belief and is made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both, (U.S. CODE, TITLE 18, SECTION 1001), and may lead to immediate discharge. **ELECTRONIC SIGNATURE AGREEMENT:** The SCSG asks that applicants complete SCSG form 20-66 and sign it electronically, thus replacing the manual/handwritten. Subsequent written signatures may be required prior to acceptance into the SCSG. By selecting the "I ACCEPT," you are signing this agreement electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten. **ACKNOWLEDGMENT:** My electronic signature is legally binding. please make the appropriate selection and provide your signature. **SELECT ONE.**

DATE (MM/DD/YYYY):	SIGNATURE:
--------------------	------------

SCSG OFFICE USE ONLY

BOARD DATE:	RANK ASSIGNED:	UNIT ASSIGNED:	LINE NUMBER:	SCSG EMAIL:
DATE OF OATH:	REASON FOR REJECTION/DECLINE:			

Application Submission Instructions

Thank you for your interest in the South Carolina State Guard. Following completion of the South Carolina State Guard Application, you should select the SUBMIT button below which will open your selected mail system for submission. This form will be submitted. If the email prompt does not open, please submit this form to recruiting@sg.sc.gov

1. Submit form via the SUBMIT button or email to recruiting@sg.sc.gov
2. Please maintain a copy of this form for your personal records