MARINE CORPS LEAGUE SCHOLARSHIP APPLICATION

Must Be Typed Or Printed Legibly
See Instructions For Additional Information On Completing The Application

Application Type (Mark One): ◯ First Time ◯ Applied Before

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

E-Mail: _____

Starting Year (Choose One)

◯ Freshman ◯ Sophomore ◯ Junior ◯ Senior ◯ Graduate Degree ◯ Technical

Current GPA: _____ Major: _____

Name Of College/University: _____

Address _____ City _____ State _____

Applicant's Signature _____ Date: _____

Sponsor Information

◯ Marine Corps League Member ◯ Marine Corps League Auxiliary Member

Sponsor Relationship to Applicant (Choose One)

◯ Father ◯ Mother ◯ Grandparent ◯ Spouse ◯ Self

Sponsor's Last Name _____ First Name _____

Sponsor's Address: _____

City: _____ State: _____ Zip Code: _____

Sponsor's Membership# _____ or, If applicable, PLM# (Life) _____

(Members look on your membership card or contact the Paymaster)

McHenry County Detachment
Marine Corps League
Detachment #1009 - Woodstock, IL