

2015 Scholarship Application for Keweenaw Detachment #1016

2015 Detachment Scholarship Application - 1a.wpd

- Applicant is responsible for obtaining all required signatures -
- Application Must be Returned before October 31, 2015 - Information must be legibly printed or typed -
- Read entire application -and- Make additional copies before starting -
- Answer Relevant Questions on Front and Back of this sheet, attach additional information as needed -
- If selected a scholarship check will be sent to the College or School listed below -

Applicant Information

Name: _____
last _____ first _____ mi _____ Social Security No. _____

Permanent mailing address:

Address _____ City _____ State _____ Zip _____ - _____

Phone () _____ - _____

Age: _____ Date of Birth: _____

(Attach any letters of recommendation)

High School information

Name of High School where Graduated: _____ Date _____

Address _____ City _____ State _____ Zip _____ - _____

Phone () _____ - _____

Class Standing _____ of - Size of Graduating Class _____ GPA(if used) _____

--- AND - OR --

College, Technical or other Training School Information

Name of College or other Post Secondary School: _____

Address _____ City _____ State _____ Zip _____ - _____

Phone () _____ - _____ (Next) Date expected to Attend _____

If currently attending: Your College I.D. Number is _____

For _ Fall 2015 _ Winter 15 _ Spring 16 _ you are/will be a _ Freshman _ Sophomore _ Junior _ Senior _ (Circle)

Course of Study _____ GPA to date _____ (Attach copy of latest Transcript)

Indicate Scholarship Eligibility Category

(Check one -and- Fill In MCL or Marine Information on back of form and required signatures)

- _____ (a.) Member of the Keweenaw Detachment MCL.
_____ (b.) Child, or grandchild of members of the Keweenaw Detachment MCL.
_____ (c.) Spouses of Member of the Keweenaw Detachment MCL.
_____ (d.) Children of any Marine, who has lost their life while serving with the Marine Corps.
_____ (e.) Honorably Discharged Marine originally from our local community.
_____ (f.) Children of any Deceased Honorably Discharged Marine.

MCL Information

Scholarship Eligibility => (a.) (b.) (c.) <= (Circle one)

MCL Member Number _____ Expiration Date _____ (Attach Copy of Membership Card)
Name: last _____ first _____ mi _____

Address _____ City _____ State ____ Zip _____ - _____

Contact Phone* () _____ - _____ Member* Signature _____ Date _____
_____ (*REQUIRED - OR next-of-kin signature if deceased member counter-signed by Det. Paymaster)

Marine Information

Scholarship Eligibility => (d.) (e.) (f.) <= (Circle one)

Marine Name:
last _____ first _____ mi _____

Ser. No. -or- S.S. Number _____ (Attach Copy of DD214 or Other Proof of honorable service)

Date of entry into USMC _____ Date of Discharge _____

If "(d. or f.)" Date of Death _____ Circumstances _____

Address _____ City _____ State ____ Zip _____ - _____

Contact Phone* () _____ - _____ Marine* Signature _____ Date _____
_____ (*REQUIRED - Marine signature for "e" or next-of-kin and documentation required.)

Additional Applicant Information

(attach additional pages as needed)

Extra Curricular Activities and non-Scholastic Honors

School or other Scholastic Honors

Occupational or Professional Goals

Additional information -or- any other circumstances that the Detachment Selection Committee could consider

I understand, that the decision of the Keweenaw Detachment Scholarship Committee is final, and that the amount of any scholarship awarded is dependent on funds available. That the information contained in this application, and any accompanying documents are true and correct to the best of my knowledge, and that any information supplied may be supplied to others with proper reason and authority.

Applicant - Printed Name _____ Signature _____ Date _____

Mail completed application To:

Keweenaw Det. #1016 MCL
P.O. Box 354, South Range, Michigan 49963-0354