DEPARTMENT OF PENNSYLVANIA MARINE CORPS LEAGUE

SCHOLARSHIP APPLICATION

COMMITTEE USE ONLY

PROGRAM YEAR: _____

☐ APPROVED: _____

☐ DISAPPROVED: _____

REASON: _____

SECTION A (APPLICANT):

Application (Check One): NEW ☐ RENEWAL ☐ Date _____

Name: _____ _____ _____
Last First MI

Date of Birth: _____

Address: _____ APT.# _____
Number and Street

City: _____ State: _____ Zip +4: _____

Phone Number: _____ Second Number or Cell: _____

Email Address: _____

Check Only if Applicable: Eagle Scout ☐ Girl Scout ☐ Young Marine ☐

College/University/Tech School Name: _____

Year Enrolled in Institution of Higher Learning: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐

Signature of Applicant: _____

First-year Applicants: attach a copy of the acceptance letter to the school you will attend to this application.

SECTION B (SPONSOR):

Detachment/Auxiliary Unit: _____ Detachment #:_____

Sponsor Name: _____ MCL Profile #: _____

Relationship to Applicant: _____E-Mail Address_____

Sponsor Signature: _____ Date: _____

SECTION C (CERTIFICATION):

Detachment or Auxiliary Unit certification that the sponsor is a member in good standing:

Paymaster / Unit Treasurer Name: _____

Paymaster / Treasurer Signature: _____ Date: _____

Mail Application To: MCLPA Scholarship Committee, PO Box 6687, Harrisburg, PA 17112-0687
Committee Email: dpaschol20@gmail.com Committee Chair: 610-277-4355 Vice Chair: 717-715-3354