



MARINE CORPS LEAGUE of PENNSYLVANIA, Inc.

SCHOLARSHIP APPLICATION (2010):

SECTION A (Applicant):

Category of Application (Check One): NEW RENEWAL Date: _____

Name: _____, _____ Date of Birth: _____
(Last) (First) (MI)

Address: _____ Apt. # _____
(Number and Street)

City: _____ State: _____ Zip Code (+4): _____ - _____

Telephone: (____) _____ E-mail: _____

Name of High School: _____

Address of High School: _____

Name of College,
Technical School,
or University: _____

Year (Check One): 1 2 3 4

Signature of Applicant: _____ Date: _____

SECTION B (Sponsor):

Relationship to Applicant (Check One): Parent Grandparent Member

Name of Sponsor (Print) _____, _____
(Last) (First) (MI)

Membership # _____ PLM # _____

Signature of Sponsor: _____ Date: _____

SECTION C:

I, the Paymaster (Treasurer), of _____ Detachment (Auxiliary Unit), certify that the member (if the actual applicant) or sponsor is a member in good standing for at least one (1) year prior to May 31st of the application.

Detachment Paymaster or
Auxiliary Unit Treasurer (Print): _____

Detachment Paymaster or
Auxiliary Unit Treasurer (Signature): _____ Date: _____

I, the Commandant (President) of _____ Detachment (Auxiliary Unit), certify that the member is qualified to sponsor applicant _____ for a scholarship through the Marine Corps League of Pennsylvania.

Detachment Commandant or
Auxiliary Unit President or
Designee (Print): _____

Detachment Commandant or
Auxiliary Unit President or
Designee (Signature): _____ Date: _____

Detachment or Auxiliary Unit Name: _____

Detachment or Auxiliary Unit Address: _____

The following lines should be initialed by the person endorsing the relevant section of this application, where applicable, to indicate proper completion:

_____ Section A _____ Section B _____ Section C

For further processing, return this completed application to:

Douglas N. Sversko
(MCL of PA Scholarship Chairman)
216 Lamplight Lane
Lewisburg, PA 17837-9002