

**Scholarship Program**

**Sheboygan County Detachment 1446**

**Marine Corps League**

**Sheboygan, Wisconsin 53081-4240**

**Purpose:** To grant a scholarship to a qualified applicant who is pursuing full time undergraduate or technical training at any accredited educational institution. An individual may receive a maximum of four (4) awards. They do not have to be in consecutive years. The number of grants are limited. The amount of the grant will vary based on the number of applications received.

**Applicant Requirements**

Must be a U.S. Citizen or permanent resident

Must be a High School Senior or Graduate

Must enroll or be enrolled at an accredited educational institution and Must fall into one of the below categories

**Applicant Categories**

**1. Member Marines**

Member of the Detachment in Good Standing

Spouse of a Detachment member in Good Standing

Child, grandchild or stepchild of a Marine who has lost his/her life in the line of duty

Child, grandchild or stepchild of a deceased member of the Detachment

Child, grandchild or stepchild of a Detachment member in Good Standing

**2. Non-Member Marines**

Any Active Duty or Honorably Discharged Marine

Child, grandchild or stepchild of an Active Duty or Honorably Discharged Marine

Spouse of an Active Duty or Honorably Discharged Marine

**3. Non-Member Active Duty other than Marines**

Any Active Duty Service Member

Child, grandchild or stepchild of an Active Duty Service Member

Spouse of an Active Duty Service Member

**4. Non-Member Veteran other than Marines**

Any Honorably Discharged Veteran of the U.S. Armed Forces

Child, grandchild or stepchild of an Honorably Discharged Veteran of the U.S. Armed Forces

Spouse of an Honorably Discharged Veteran of the U.S. Armed Forces

**Definition of New Applicant:** Applicant has never been awarded a Detachment Scholarship.

**Definition of Renewal Applicant:** Applicant is a prior recipient of a Detachment Scholarship.

**All New and Renewal Applicants must comply with the following:**

1. Complete and sign application and supporting documents in a single envelope. Do not staple documents together.

2. Currently enrolled High School and College students must supply a transcript of credits with GPA.

3. Complete, on a separate piece of paper, a short essay (less than 300 words) about what being an American means to you.

4. Incomplete applications will not be considered nor returned for completion.

5. All applications must be **POSTMARKED** BY 15 April of the current year.

6. All packets must be legible.

The Scholarship Committee will observe eligibility and compliance. Their decisions will be final.

Grant recipient(s) selected will be notified on or before 1 June of the current year.

Upon approval, you will be required to provide proof of enrollment at an accredited educational institution for the fall semester by 1 Sept of the current year.

Grant recipients will be invited guests of the Detachment to the Marine Corps Birthday Ball in November of the current year, when they will be recognized.

Scholarship packets can be mailed to:

Marine Corps League Detachment 1446

Attn: Scholarship Committee

552 S. Evans St.

Sheboygan, WI 53081

or emailed to:

mcldetachment1446@yahoo.com

**Sheboygan County Marine Corps League**

**Scholarship Application**

***MUST BE TYPED OR PRINTED LEGIBLY***

**See instruction for additional information on completion**

1. DATE \_\_\_\_\_\_\_\_\_\_\_\_\_

2. APPLICATION TYPE: NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ 3. APPLICANT CATEGORY \_\_\_\_\_\_\_\_\_\_\_

3. LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. YEAR STARTING FALL SEMESTER - (FR) (SO) (JR) (SR) (GR) 8. CUMULATIVE GPA \_\_\_\_\_\_\_\_

9. APPLICANT'S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPONSOR INFORMATION**

10. SPONSOR RELATIONSHIP TO APPLICANT (CHECK ONE)

FATHER \_\_\_\_ MOTHER \_\_\_\_ GRANDPARENT \_\_\_\_ SPOUSE \_\_\_\_ APPLICANT \_\_\_\_\_

11. SPONSOR'S NAME: LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_

**DETACHMENT CERTIFICATION (MUST BE SIGNED)**

*This section is to be completed, verified and signed by the indicated Detachment Officer. In the event, that the applicant is related to the Commandant or Paymaster; the Sr. Vice Commandant will sign in their stead.*

**THE PAYMASTER CERTIFIES THE MEMBER /SPONSOR IS IN GOOD STANDING**

12. PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE COMMANDANT CERTIFIES THE MEMBER IS QUALIFIED TO SPONSOR THE APPLICANT**

13. PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_