

Kettle Moraine Detachment

Marine Corps League

P.O. Box 1163

West Bend WI 53095-8663

262-338-8426

Scholarship Application

Last Name: _____ First Name: _____ Initial: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Sponsor: _____ Relationship to sponsor: _____

Sponsor's Signature: _____ Date: _____

(Note: By signing here the sponsor certifies the applicant's name, contact information and relationship are correct.)

High School Senior

Name of High School _____ City _____ State _____

Month and Year of Expected Graduation _____

Name of University/College/School you will attend _____

City _____ State _____

Full Time Student at University, College, or Junior College

Name of School _____ City _____ State _____

Current Status (Fresh/Soph/Jr) _____

Signature of Applicant _____ Date _____

Approved _____ Date _____ Officer's Signature _____



"Once a Marine,

always a Marine"