

**Department of Colorado Marine Corps League
Scholarship Fund Application**

DATE _____

Student Information

First Name	Middle Name	Last Name
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Date of Birth _____

Address _____ Telephone _____

School Attending _____ Student ID# _____

School Address _____

Name of college or technical institute to attend _____

Year starting fall semester: 1 2 3 4 (Circle One)

Applicant's Signature _____



Eligibility of Sponsor To be completed, verified and signed by the indicated Detachment/Unit Commandant/President. In the event the applicant is related to the indicated officer, the Senior Vice Commandant or Vice President will sign in their stead.

Sponsor Name	Relationship	Membership #	Dues Expiration Date
_____	_____	_____	_____

I certify that the dues of the sponsoring member are paid.

_____	_____
Paymaster / Treasurer Name	Signature

I certify that the indicated sponsor is qualified to sponsor this applicant and that this Detachment/Unit co-sponsors the applicant. A letter of recommendation is attached in accordance with the application procedures. The Applicant has ___ / has not ___ been Interviewed.

_____	_____
_____	Commandant / President name

_____	_____
Detachment / Unit Name and Address	Commandant / President signature

Date Signed _____