



REQUEST FOR SCHOLARSHIP

Name _____

Addressed _____

City _____ State _____ Zip _____

Phone NO _____ Email _____

Name of High School _____

Name of College, University, or Technical School you will be attending or are currently enrolled in _____

Date you expect to enter the above Institution _____

Class year commencing in the fall (circle one) 1 2 3 4

Occupational or Professional goals _____

Name and relationship of sponsor, in good standing with Marne Corp league

Name _____ Detachment # _____ Relationship _____

Applicant Signature _____ Date _____

Signature of Détachement Commandant _____ Date _____

Signature of Scholarship Committee Chairman _____