

Please Type or Print Clearly
2024 Department of Florida – MCL – Scholarship Application

Today's Date _____ (Please Check One) NEW RENEWAL

Name of Applicant: LAST _____ FIRST _____ M.I. _____

Address: Number and Street _____

City _____ State _____ Zip + 4 _____

Telephone # _____ Email _____

Name of Institution to which you intend to apply: _____

School Year you will be entering for the Fall Semester? 1 2 3 4 (choose one)

Applicant's Signature _____

SPONSOR ELIGIBILITY AND RELATIONSHIP TO APPLICANT

This section must be completed by the sponsor. It must then be verified and signed by the Detachment /Unit Officer indicated in the next section. Should the sponsor be one of the indicated officers, then a qualified substitute Officer be appointed to verify eligibility of the sponsor.

SPONSOR/MEMBER RELATIONSHIP TO APPLICANT (Check One)

Father Mother Grandparent Spouse Self

Name: LAST _____ FIRST _____ M.I. _____

State of official Residency _____ (Present Driver's License or Voter Registration Card on New Applicants)

Membership # _____ or PLM # _____ Dues Expiration _____ (if applicable).

Sponsor Telephone number _____ Sponsor Email address: _____

DETACHMENT OR AUXILIARY UNIT CERTIFICATION

(Must be signed by appropriate Officer or Designees) The Paymaster/Treasurer and Commandant/President listed below certify that the sponsor is a member in good standing in his/her Detachment/Unit and the Marine Corps Le

Paymaster's Name _____ Signature _____

Print legibly

I, the Commandant/President of Detachment/Unit _____ certify the above

Member is qualified to sponsor _____ for a 2024 Dept. of FL MCL Scholarship.

Commandant/President's Name (Print) _____ Signature _____

_ Detachment/ Unit Name & Number: _____

Print Legibly

Address _____ City _____ State _____ Zip _____

Mail fully completed application to:

Ron Curci 1107 North Knight Street, Plant City, FL 33563

Our New Website: www.mcl dof.org