



CHARLES A. CRUMBO MEMORIAL SCHOLARSHIP APPLICATION



**Name _____ Age _____ Social Security # _____

**Address _____

**City, State, Zip _____

**Phone # _____ (College/Trade School) Student ID# _____

**Marine or Associate Member relative _____ Self _____ Spouse _____ Parent _____ Grandparent

**Name of Relative _____ MCL/MCLA Membership # _____

What high school did you/will you be graduating from _____

Graduation date _____ Current GPA _____

**Name of institution you are planning to attend or are currently attending _____

**Date of entrance _____ Year (circle one) 1 2 3 4 5

What is your Major or Intended Field of Study _____

High School or Institution Honors _____

Leadership Roles _____

Extra-curricular activities_____

Community and/or Church activities_____

Occupational or Professional Goals_____

Please ensure you have completed all requirements for the scholarship. If you fail to send documentation that is required, it will disqualify you!

I understand the decision of the Scholarship Committee is final and that the information contained in this application and the accompanying documentation is true and correct, to the best of my knowledge.

****Signature_____Date_____**