



DEPARTMENT OF INDIANA
MARINE CORPS LEAGUE



CHARLES A. CRUMBO
MEMORIAL SCHOLARSHIP

APPLICATION

NEW

Complete all items

RENEWAL

Complete only items marked **

**Name _____ Age _____

**Address _____

** City, State, Zip _____

**Telephone#(____)____ - _____ Social Security # _____

**Marine or Assoc. Relative: Self _____ Spouse _____ Parent _____ Grandparent _____

** Name of Relative _____ MCL Membership # _____

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

** Date you will enter institution _____ Year — circle one 1 2 3 4 5

High school or institution honors _____

Extra curricular activities _____

Community and/or church activities _____

Occupational or professional goals _____

I understand that 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.

** Date _____ Signature _____