**Mariner Consulting Services LLC Scholarship APPLICATION 2024**

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|  **THIS APPLICATION IS FOR MARINERS SEEKING THEIR INITIAL CREDENTIALS ONLY WHO HAVE A FINANCIAL ASSISTANCE NEED FOR A REDUCED CONSULTING RATE****i.e. Never applied previously or has entry level MMC and seeking AB/QMED** |
| 1. | Last Name:      | First Name:       |
| 2. | Mailing Address:Street:      City:       State:       Zip:       |
| 3. | Daytime Telephone Number: (     )     -     Email Address:       |
| 4. | Date of Birth: Month       Day      Year        |
| 5. | Are you a new Mariner? (Year or less)[ ]  Yes [ ]  NoIf no:Years of experience as a Mariner: Years      Months      |
| 6. | image2.pngIf experience is held, type of vessel(s): [ ] Pleasure Craft [ ] Fishing [ ] Professional [ ] Other (List)      |
| 7. | Do you hold a TWIC Card or are you applying for one? Y[ ]  N[ ]  |

 **On a separate sheet please provide a short, typed essay (approximately 250 words per question)**

**answering the following questions:**

1. What are your career goals in the Maritime Industry?
2. If you have experience in the Maritime Industry, what have you achieved so far?
3. Please explain your financial need for this scholarship.

### image2.png

### STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the scholarship program along with my name. (Winner may waive photo and given name due to unusual or compelling circumstances.)

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checklist:**

[ ] Application

[ ] Essay

[ ] Character Reference Letter (Optional)

**MAIL COMPLETE APPLICATION PACKAGE TO:**

**Mariner Consulting Services LLC**

**Scholarship Committee**

**P.O. Box 110**

**Tokeland, WA 98590**

**or**

**scholarships@mmlcs.com**