



**MARINE CORPS DISBURSING ASSOCIATION**

**P.O. BOX 348, VISTA, CA 92085-0348 (760) 458-2655**

**usmcdisbursers.com**



**EDUCATIONAL ASSISTANCE PROGRAM APPLICATION**

Date: \_\_\_\_\_

**Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you previously received a scholarship award from the MCDA? Yes No

Have you been accepted in a Community College or University? Yes No

What is the name and location of the school? \_\_\_\_\_

What is your major/field of study? (if undecided, so state): \_\_\_\_\_

**Sponsor Information:**

Are you or one of your parents or grandparents a Marine veteran? Self \_\_\_ Parent \_\_\_ Grandparent \_\_\_

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Military Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ or Deceased

**References (not related to applicant, one must be a teacher, career advisor, or school principal):**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred contact method: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred contact method: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred contact method: \_\_\_\_\_ Relationship: \_\_\_\_\_

Attach your High School or College Transcript and a 300-word essay on your life goals.

**Mail to:**

Marine Corps Disbursing Association  
Scholarship Program  
2723 Southward Dr.  
Greenwood, IN 46143