



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
56 Red Hill Dr.
Stafford, VA 22556