## Welcome to the MCL Illowa Detachment Scholarship <u>Eligibility Requirements & Qualifications</u> Information Area

If your application is approved, you will be notified by mail no later than 5pm on 15 July of the award year. It is your responsibility to ensure that all phases of the application are *Completed* and *Signed*. Your application will not be considered should all of the requirements not be received by the Scholarship Committee. *No application will be returned, so please make a copy of the application for your records*.

Should you have any questions, please call me at: (563) 549-8119 or email me at: <a href="mailto:ksoucinek@gmail.com">ksoucinek@gmail.com</a>. On behalf of the Marine Corps League Illowa John C. Hernstrom Detachment 102 and the Scholarship Committee, we look forward to receiving your application, and we wish you the very best in your future academic endeavours.

Semper Fidelis, Kyler Soucinek Commandant

## Scholarship Eligibility Requirements and Qualifications

- **A.** Consideration will be given to applicants in the following order:
  - 1. Members of the John C. Hernstrom Illowa Detachment, Marine Corps League.
  - 2. Any detachment members child, spouse, widow, widower, grandchild, stepchild or children-in-law of a member of the Illowa Detachment, Marine Corps League.
- **3**. Any U.S. Marine assigned to the local I&I staff or Recruiting Station, or members of the local Rock Island Marine Corps Reserve unit.
- **B**. The Scholarship Committee will be made up of four members, one of which will be the paymaster. The Commandant will attend the meeting for the sole purpose of casting a tiebreaking vote.
- C. The scholarship applications should be downloaded from the detachment's website <a href="www.illowamarines.org">www.illowamarines.org</a> or obtained from a committee member. All papers are to be returned to the committee NOT LATER than 30 June in order to be considered for the coming school year.
- **D**. The detachment paymaster will notify applicants within 2 weeks of the committee's decision regarding the amount of award and the time and location of the detachment's picnic; where the awards will be presented. The awards are to be NO less that \$250. If not notified by 15 July, it means award was not approved.
- **E.** ONLY STUDENTS may download or request the application and they must fill out the application.
- **F**. Applications are good for only 1 year. New applicants will be given first consideration, then renewals will be considered.
- **G**. Proof of enrollment to an accredited college, university, trade, or vocational school for the upcoming semester must be submitted with the application.
- H. Submit a copy of your high school or college transcripts as applicable.
- I. A letter in the applicants' own words expressing current educational goals and objectives must be included with the package.
- J. One letter of recommendation from a person, other than a family member, must accompany the application. The writer of said letter must have known applicant for a minimum of three years.
- **K**. Awards must be claimed by December 31 of the award year. If not claimed, monies will revert back to the Detachment.
- L. The Detachment member MUST be a participating member in good standing for at least 1 year before they can sponsor someone for a scholarship or apply for it themselves. If the Detachment relative/sponsor has passed he/she must have been a member in good standing for the membership year prior to passing.
- M. All decisions by the scholarship committee are FINAL. There is no appeal process.

## **Scholarship Application**

Name:		//	Age:	Sex: (M)	(F)	
Address:						
	Street	City		State	Zip	
Home Phone:		Cell Pho	one:			
Name of High School or	College Attended	d:			/.	
Class Standing:		Size of G	raduating Cla	iss:	//	
Name of College/Unive	rsity/Trade or Vo	cational School you	ı plan to atter	nd or are enr	olled in:	
Name		City State			te	
Date you plan to exercise	e scholarship:					
Class year starting with	this scholarship	:			//	
Name of relative and t	heir relationship/a	affiliation with the II	lowa Det. of t	the Marine C	orps League:	
Relative Name			Iembership No.	and Expiratio	n Date	
Father: Mother:	Grand Fathe	er: Grand Mo	ther: O	Other:	/	
Extra curricular						
activities:					/	
	(Characters limite	d please use separate	sheet if needed	.!)		
Community and/or Church activities:						
	(Characters limite	d please use separate	sheet if needed	l!)	/	
Occupational or Professional goals:						
	(Characters limited	d please use separate	sheet if needed	I!)	/	
I understand that the decontained in this applic knowledge.						
Signature:			Date:			
This form can be compl	eted online and t	hen printed, signed	and dated, a	nd delivered	l with the	

This form can be completed online and then printed, signed and dated, and delivered with the completed package to the Illowa Detachment of the Marine Corps League (702 W. 35th St., Davenport, IA 52806).