

Marine Corps League Department of Michigan Foundation
Scholarship Application – 2026

Must Be Typed or Legibly Printed

1. Please Check One "New" _____ "Renewal" _____
2. Application Date _____
3. Name: Last _____ First _____ MI _____
4. Date of Birth: _____
5. Address: Number & Street _____ Apt # _____

**USE ADDRESS YOU WANT CHECK MAILED TO. IF THERE IS AN ADDRESS CHANGE, IT IS YOUR
RESPONSIBILITY TO NOTIFY SCHOLARSHIP CHAIRMAN OF NEW ADDRESS.**

6. City: _____ State: _____ Zip + 4: _____
7. Telephone: _____ Alternate Phone: _____
8. Email address of applicant: _____
9. Name of Accredited College, Technical School or University: _____
10. Year Starting Fall Semester: Circle One 1 2 3 4
11. Applicant's Signature: _____

Applicant is Member of MCL _____ MCLA _____

Sponsor Eligibility:

12. Sponsors relationship to Applicant – Please Check One, if applicable:
Father _____ Mother _____ Grandparent _____ Member _____
13. Sponsor's Name: Last _____ First _____ MI _____
14. Sponsor's Membership Number: _____
15. Paid Life Member Number: _____
16. Sponsor's Dues Expiration Date: _____

Detachment / Auxiliary Certification:

Detachment or Auxiliary Unit Certification (Must be signed by both officers)

This part is to be completed, verified and signed by the indicated Detachment or Unit Officer. In the event that the applicant is related to the Commandant or President, then the Senior Vice Commandant or Senior Vice President will sign in their place.

The Paymaster or Treasurer listed below certifies the applicant member or sponsor member is a member in good standing and that their dues are up to date.

17. Detachment Paymaster/Unit Treasurer Name (print): _____
18. Signature: _____ Date: _____
19. I, the Commandant or President (or Designee) of the Detachment or Unit, certify that the applicant member or sponsor is qualified to sponsor the applicant named above for a Marine Corps League Scholarship _____
20. Print Name of Commandant, Unit President or Designee: _____
21. Signature: _____ Date: _____
22. Name of Detachment or Unit: _____
23. Mailing Address of Detachment Commandant or Unit President: _____

**MAIL TO: Scholarship Coordinator, Christy Faymonville, W2679 Nurse Carlson Road, Foster City, MI
49834**

APPLICATION DUE NO LATER THAN MAY 1, 2026