

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 of sponsor is qualified to sponsor the applicant named above for a Marine Corps League Department 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: \_\_\_\_\_

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

**APPLICATION DUE NO LATER THAN MAY 1, 2026**