



DEPARTMENT OF INDIANA
 MARINE CORPS LEAGUE
 CHARLES A. CRUMBO
 MEMORIAL SCHOLARSHIP FOUNDATION, INC.



APPLICATION

NEW
 Complete all items

RENEWAL
 Complete only items marked **

** Name _____ Age _____

** Address _____

** City, State, Zip _____

** Telephone # (_____) _____ Social Security # _____

** Marine or Assoc. Relative: Self _____ Spouse _____ Parent _____ Grandparent _____

** Name of Relative _____ MCL Membership # _____

** Name of institution you are planning to attend or are currently attending

** Date you will enter institution _____ Year – circle one 1 2 3 4 5

High school or institution honors _____

Extra curricular activities _____

Community and/or church activities _____

Occupational or professional goals _____

I understand that the decision of the Scholarship Foundation is final and that the information contained in this application and the accompanying documentation is true and correct, to the best of my knowledge.

** Date _____ Signature _____