

Women Marines Association Scholarship Application

Application is to be TYPED

Name	<input type="text"/>	SSN Last 4 Only	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
	Zip Code	<input type="text"/>	
Country	<input type="text"/>	Applicant's Phone #	<input type="text"/>
		Applicant's Cell #	<input type="text"/>
		Males Only: Draft Registration #	<input type="text"/>
Applicant's E-mail	<input type="text"/>		

Applicant Status:

Previous Applicant Year Applied Previous Winner Year Selected

I was/am in the Marine Corps or Marine Corps Reserves Yes No Rank Held

Was/Is either parent in the Marine Corps or Marine Corps Reserves Yes No Rank Held

Sponsor Information

WMA Membership National Status: Life Member # or Term Expiration

Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
	Zip Code	<input type="text"/>	
Country	<input type="text"/>	Relationship	<input type="text"/>
		Parent, Grandparent, Friend, etc	

College/University you will be attending this fall, if known: (need address of Financial Aid Office)

Financial Aid Office

Financial Aid Address

School Name Major/Minor

HS Seniors/College Freshmen MUST submit the following documentation. **No exceptions.**

GPA (3.0 Higher) ACT/SAT

Undergraduate and Graduate Students MUST submit the following documentation. **No exceptions.**

GPA (3.0 Higher) Hours Per Semester Projected Graduation Year

Mail completed application along with all required documentation as stated in the WMA Scholarship Program Procedures. Application period is 1Nov to 28Feb. All submissions MUST be postmarked on or before 28 February.

MAIL TO: Dottie Stover-Kendrick, P.O. Box 134, Stilwell, KS 66085 **Email:** scholarship@womenmarines.org

Signature Date