



2024 SCHOLARSHIP APPLICATION
Lt. Alexander Bonnyman Detachment #924
MARINE CORPS LEAGUE

Mail to: DET 924 SCHOLARSHIPS c/o T. SHEA 116 OONOGA WAY LOUDON, TN 37774-3014
 (MUST BE TYPED OR PRINTED LEGIBLY - Do not send via Certified Mail)

ALL APPLICATIONS AND REQUIRED DOCUMENTS MUST BE MAILED POSTMARKED ON OR BEFORE 17 JULY 2024

1. APPLICATION TYPE NEW RENEWAL 2. DATE _____

3. NAME LAST _____ FIRST _____ MI _____

4. ADDRESS (NUMBER & STREET) _____ APT # _____

5. CITY _____ 6. STATE _____ 7. ZIP CODE _____

8. TELEPHONE # _____ 9. E-MAIL _____

10. COLLEGE YEAR YOU WILL START IN THE FALL SEMESTER OF 2024 1ST 2ND 3RD 4TH

11. CUMULATIVE GPA (UNWEIGHTED) _____ (MINIMUM OF 2.4 ON THE 4.0 SCALE)

12. APPLICANT'S SIGNATURE _____

SPONSOR INFORMATION: IS A MCL Mbr. MCLA Mbr. ACTIVE DUTY OR DRILLING RESERVIST

13. SPONSORS RELATIONSHIP TO APPLICANT (CHECK ONE)
 FATHER MOTHER GRANDPARENT SPOUSE SPONSOR IS THE APPLICANT

14. SPONSOR'S NAME: LAST _____ FIRST _____ MI _____

15. SPONSOR'S MEMBERSHIP # _____ 16. PLM# _____ OR dues expiration date _____
NOTE: MCLA (Auxiliary) members and Active Duty / Reservist print 'N/A' for Membership # in 15 above.

17. SPONSOR'S ACTIVE DUTY MARINES OR RESERVE MARINES / FMF CORPSMEN PRINT UNIT NAME & ADDRESS BELOW
 MILITARY
 UNIT & ADDRESS: _____

DETACHMENT OR AUXILIARY UNIT CERTIFICATION (MUST BE SIGNED)
This section is to be completed, verified, and signed by the indicated Detachment or Auxiliary Unit Officer. In the event that the applicant is related to the Commandant/President or Paymaster/Treasurer, then the Senior Vice Commandant of the Detachment or Senior Vice President of the Auxiliary Unit will sign as Designee in their stead.

DETACHMENT PAYMASTER OR AUXILIARY UNIT TREASURER CERTIFIES THAT THE SPONSOR IS IN GOOD STANDING

18. PRINTED NAME OF PAYMASTER / TREASURER / DESIGNEE _____

19. SIGNATURE OF ABOVE PAYMASTER / TREASURER / DESIGNEE _____

THE COMMANDANT/PRESIDENT OF THE DETACHMENT/AUXILIARY OR KNOXVILLE AREA UNIT CERTIFIES THAT THE MEMBER IS QUALIFIED TO SPONSOR THE APPLICANT NAMED ABOVE

20. PRINTED NAME OF COMMANDANT/PRESIDENT/DESIGNEE _____

21. SIGNATURE OF ABOVE COMMANDANT/PRESIDENT/DESIGNEE _____

ACTIVE DUTY / RESERVE COMMAND CERTIFICATION (must be signed)

NOTE: *This section is to be completed and signed by the indicated Knoxville Area Marine Corps Command certifying that the above sponsor is a member of their Command and if a Reservist that person is up-to-date in all scheduled drills.*

22. ADMIN CHIEF / INSPECTOR-INSTRUCTOR STAFF (Name) _____

23. SIGNATURE OF ABOVE ADMIN CHIEF _____ Phone _____

SUBMIT AN OFFICIAL COPY OF YOUR LATEST TRANSCRIPTS WITH YOUR APPLICATION AND OFFICIAL PROOF OF 2024 Fall SEMESTER FULL TIME ENROLLMENT LETTER WITH YOUR APPLICATION