



MARINE CORPS LEAGUE
Scholarship Program
In conjunction with Delta Dental



PURPOSE: To grant Scholarships to Qualified Applicants who are pursuing a full-time degree program or certification/license of technical training at a full-time recognized institution.

ELIGIBILITY: *Only the following 'Relationships' shall be considered: (Rev. A-Eligibility changes) Active Duty, Reserve Duty, Honorably Discharged Veterans of the United States Military who served during the War on Terror Era (9/1/2001 to present time).*

In addition, the Veteran's Spouse, Child, Stepchild, Sibling is also qualified.

DEFINITIONS:

New Applicant: The applicant has never been awarded a Marine Corps League (Delta Dental) Scholarship that meets the criteria of Eligibility.

Renewal Applicant: The applicant is a prior recipient of a Marine Corps League (Delta Dental) Scholarship.

ALL APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Certified Transcript with Cumulative Grade Point Average and Guidance Counselor's signature. Must have a Cumulative Grade Point Average (GPA) of 3.0 or Better.
2. Attach a Copy of the Service Members Proof of Service.
3. DD214, Discharge Certificate,
4. Please provide a 500 Word Essay description of your program of study, your need and relationship to the Veteran.
5. Ensure that the information provided is correct, accurate, and legible.
6. Only completed Applications / Packages as defined will be considered.
7. Qualified Applicants will be evaluated by a Selection Committee appointed by the Commandant and CEO of the Marine Corps League.
8. All decisions made by the Selection Committee are final and will not be subject to review.
9. All applications will be the property of the Marine Corps League and will not be returned to the applicant.
10. The Marine Corps League may request to present an awarded scholarship to the recipient at any awards ceremony that may be scheduled at the current institution.

Please E-mail or Mail the Application, Essay, Copy of Service Members Proof of Service, and Certified Transcript

INSTRUCTIONS FOR APPLICATION FOR MARINE CORPS LEAGUE DELTA DENTAL SCHOLARSHIP

Amount: This Scholarship is for the amount of \$2000.00 toward your program. We will provide the amount to your Educational institution or to you to cover expenses.

Provide Information: Name; Address; City, State, Zip Code; Phone; Degree or Certification Program...

University / College: Name; Address; City, State, Zip Code...

Contact: Name; E-mail; Phone

Technical School: Name; Address; City, State, Zip Code...

Contact: Name; E-mail; Phone

Qualifications:

1. You must be a US veteran who served in the during the War on Terror Era (9/1/2001) to present time. The veterans Spouse, Child, Stepchild or Sibling are eligible also for this scholarship.
2. You must be entering into your certification, undergraduate or graduate program for a Doctor of Dentistry, Dental Surgery, Dental Hygienist, Dental Hygienist Instructor, Dental Office Administration.

Word Essay (500 Max): Please provide a description of your program of study, your need and relationship to the Veteran.

Submit Application: Please e-mail your packet to WWebb@mcleague.org *(Please ask for a receipt)*

Snail Mail: Wendell W. Webb
18598 Royal Drive
Warrenton, MO 63383

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|--|--|-------------------|-------------------|------------------|----------------|
| APPLICANT NAME: | | | | | |
| ADDRESS: | | | | | |
| CITY, STATE, ZIP CODE: | | | | | |
| E-MAIL: | | | | | |
| PHONE: | | | | | |
| DEGREE OR CERTIFICATE: | | | | | |
| EDUCATIONAL INSTITUTION | | TRANSCRIPT | GRADEPOINT | APPLICATE | |
| UNIVERESTY / COLLEGE: | | YES/NO | 4.0 | NEW | RENEWAL |
| NAME: | | | | | |
| ADDRESS: | | | | | |
| CONTACT: | | | | | |
| E-MAIL: | | | | | |
| PHONE: | | | | | |
| TECHINICAL SCHOOL: | | YES/NO | 4.0 | NEW | RENEWAL |
| NAME: | | | | | |
| ADDRESS: | | | | | |
| CONTACT: | | | | | |
| E-MAIL: | | | | | |
| PHONE: | | | | | |
| QUALIFICATIONS FOR SCHOLARSHIP: | | | | | |
| Active Duty, Reserve Duty, Honorably Discharged Veteran of the United States Military who served during the War on Terror Era (9/1/2001 to present time). In addition, the Veteran’s Spouse, Child, Stepchild, Sibling is also qualified. <i>(Provide Verification Document, DD214 or Discharge)</i> | | | | | |
| Any Spouse, Child, Stepchild, Sibling, <i>(Provided Relationship)</i> | | | | | |
| 500 Word Essay Max on a separate sheet in Word. Please provide a description of your program of study, your need and relationship to the Veteran. Please include community service and goals after school. <i>(Provide a official copy of your Transcript)</i> | | | | | |

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|---|----------------|------------------------------|--|
| Scholarship Committee Only: | | | |
| Word Essay describing how the applicant is deserving to be considered to receive this Scholarship. | | | |
| Word Count | 500 MAX | | |
| Content | | Reviewer Comments | |
| <p>Program of study, Need and relationship. Please include community service and goals after school.</p> | | | |
| <p>Reviewer Score (5 - Excellent / 1 - Poor)</p> | | <p>Reviewer Name:</p> | |