



HEALTH CARE FIELD SCHOLARSHIP PROGRAM
Wisconsin Globe and Anchor Detachment 359
Marine Corps League
Beaver Dam, Wisconsin



Purpose: To grant up to three (3) \$1000.00 Scholarships to qualified applicants who are pursuing full time undergraduate or technical training in field of Health Care at any accredited educational institution. An individual may receive a maximum of four (4) awards. They do not have to be in consecutive years.

Applicant requirements

- Must be a U.S Citizen or permanent resident
- Must be a High School senior or graduate
- Must enroll or be enrolled at an accredited educational institution
- Must fall into one of the below categories

Applicant Categories

Member Marine Corps League

Marine or Family member of Marine Corps League

Non-member Marine Corps League

- Any active duty or honorably discharged Marine
- Child or grandchild of an active duty or honorably discharged Marine
- Spouse of an active duty or honorably discharged Marine

Non-member Active duty other than Marines

- Any active duty service member
- Child or grandchild of an active duty service member
- Spouse of an active duty service member

Non-member Veterans US Military Services

- Any honorably discharged Veteran of the U.S. Armed Forces
- Child/grandchild of an honorably discharged Veteran of the U.S. Armed Forces
- Spouse of an honorably discharged Veteran of the U.S. Armed Forces

Definition of New Applicant: Applicant has never been awarded Detachment Scholarship.

Definition of Renewal Applicant: Applicant is a prior recipient of a Detachment Scholarship.

All New and Renewal Applicants must comply with the following:

- 1) Complete and sign application and supporting documents in a single envelope.
- 2) Supply a transcript of credits with GPA for college or high school transcript.
- 3) Complete, on a separate piece of paper, a short essay (less than 300 words) about yourself, your career plans and why you should receive this scholarship.
- 4) SPONSOR: If a Veteran and family, must show Veteran proof and fill out their section with signature.
- 5) Incomplete applications will not be considered nor returned for completion.

ALL APPLICANTS MUST SATISFY THE REQUIREMENTS LISTED BELOW:

- 1) All applications must be POSTMARKED by **15 APRIL** of the current year.
- 2) All packets must be complete. Do not staple documents together.
- 3) All packets must be legible.
- 4) The Committee will observe eligibility and compliance. Their decisions are final.
- 5) Upon approval, you will be required to provide proof of enrollment at an accredited educational institution for the fall semester by 15 September of the current year.
- 6) Winners will be invited guests of the Detachment at the Marine Corps Birthday Ball in November of the current year, where they will be recognized.

Mail to: Wisconsin Globe and Anchor Detachment #359

Attn: Scholarship Committee Chair

Beaver Dam Veterans Center

300 Beichl Ave

Beaver Dam, WI. 53916



Wisconsin Globe and Anchor Detachment #359
HEALTH FIELD SCHOLARSHIP APPLICATION



MUST BE TYPED OR PRINTED LEGIBLY

See instructions for additional information on completion

1. APPLICATION TYPE: NEW RENEWAL 2. DATE _____
3. NAME: LAST _____ FIRST _____ MI _____
4. ADDRESS: NUMBER AND STREET _____ APT _____
5. CITY _____ 6. STATE _____ 7. ZIP CODE _____
8. TELEPHONE # _____ 9. EMAIL _____
10. YEAR STARTING FALL SEMESTER- (Fr) (So) (Jr) (Sr) (Gr) 11. CURRENT CUMULATIVE GPA _____
12. APPLICANT'S SIGNATURE _____

SPONSOR INFORMATION

13. SPONSOR RELATIONSHIP TO APPLICANT, CHECK ONE:
 FATHER MOTHER GRANDPARENT SPOUSE MEMBER IS APPLICANT
14. SPONSORS NAME: LAST _____ FIRST _____ MI _____
15. SPONSORS SIGNATURE: _____
 Show Copy of Military Duty (Copy will NOT be kept only verified).
16. SPONSOR: Show Copy of Proof Sponsor is Active Duty or Veteran:
 (Marine Corps League Membership card; DD-214; Discharge Certification; Active Duty Military ID;
 or Retired Military ID.

DETACHMENT OFFICER CERTIFICATION THE MEMBER IS QUALIFIED TO SPONSOR THE APPLICANT ABOVE.
(MUST BE SIGNED)

This section is to be completed, verified, and signed by the indicated Detachment Officer.

17. SIGNATURE OF ABOVE DETACHMENT OFFICER: _____