



**Memorial Scholarship Fund Application, Academic Year 2010-2011(cont.)**

Name & Mailing Address of Hometown Newspaper:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the extra-curricular and/or community activities in which the applicant is consistently active to a significant degree and **attach** supporting verification and documentation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION B - Parent Information:**

How much do the parent(s) listed in this section plan to contribute, in dollars, to the Applicant's school expenses for the 2010-2011 academic year? \$\_\_\_\_\_.

Father ( ) Step-Father ( ) Legal Guardian ( ) Other ( ) Explain on Page 4 if OTHER

Full Name: \_\_\_\_\_

*First*

*Middle*

*Last*

Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Date Last Employed \_\_\_\_\_

VA Certified Service Connected Disabled (Y/N) \_\_\_\_\_ Percent \_\_\_\_\_%

Occupation: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ No.Years \_\_\_\_\_

Retirement Plans: Social Security? \_\_\_\_\_ Other \_\_\_\_\_ None \_\_\_\_\_

Home Telephone Number: AC (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Work Telephone Number (Optional): AC (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Third Marine Division Association Member: Annual \_\_\_\_\_ Life \_\_\_\_\_, Member No. \_\_\_\_\_

Mother ( ) Step-Mother ( ) Legal Guardian ( ) Other ( ) (Explain on Page 4 if OTHER)

Full Name: \_\_\_\_\_

*First*

*Middle*

*Last*

Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Date Last Employed \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ No.Years \_\_\_\_\_

Retirement Plans: Social Security? \_\_\_\_\_ Other \_\_\_\_\_ None \_\_\_\_\_

Home Telephone Number: AC (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Work Telephone Number (Optional): AC (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**Dependent** Siblings/Step-Siblings

name(s)&age(s), if in \_\_\_\_\_

college, give school \_\_\_\_\_

name and year: \_\_\_\_\_

(use p.4 if additional \_\_\_\_\_

space is needed) \_\_\_\_\_

**Memorial Scholarship Fund Application, Academic Year 2010-2011(cont.)**

**Parents Income Information for Calendar Year 2009(MUST be completed)**

2009 Income Received by Father/Step-Father \$ \_\_\_\_\_ . \_\_\_\_\_  
 2009 Income Received by Mother/Step-Mother \$ \_\_\_\_\_ . \_\_\_\_\_  
 2009 Other Taxable Income Received by Both \$ \_\_\_\_\_ . \_\_\_\_\_  
 2009 Non-Taxable Income Received by Both \$ \_\_\_\_\_ . \_\_\_\_\_  
 2009 Non-Taxable DeptVeteransAffairs Income by Father \$ \_\_\_\_\_ . \_\_\_\_\_  
 Monthly \$ \_\_\_\_\_ . \_\_\_\_\_

**Parents Estimated Income Information for Calendar Year 2010(MUST be completed)**

2010 Income Received by Father/Step-Father \$ \_\_\_\_\_ . \_\_\_\_\_  
 2010 Income Received by Mother/Step-Mother \$ \_\_\_\_\_ . \_\_\_\_\_  
 2010 Other Taxable Income Received by Both \$ \_\_\_\_\_ . \_\_\_\_\_  
 2010 Non-Taxable Income Received by Mother \$ \_\_\_\_\_ . \_\_\_\_\_  
 2010 Non-Taxable DeptVeteransAffairs Income by Father \$ \_\_\_\_\_ . \_\_\_\_\_  
 Monthly \$ \_\_\_\_\_ . \_\_\_\_\_

**Divorced, Separated or Remarried Parents (Answer if applicable)**

Year of Separation \_\_\_\_\_ Year of Divorce \_\_\_\_\_  
 Other Parent's Name & Address, if known: \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer Name & Address, if known: \_\_\_\_\_  
 \_\_\_\_\_

According to Court Order, when will support of Applicant, if any, end: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Who last claimed Applicant as a Tax Exemption: \_\_\_\_\_  
 In what year? \_\_\_\_\_  
 How much, if any, does the other parent plan to contribute to the Applicant's school expenses during academic year 2010-2011?: \$ \_\_\_\_\_ . \_\_\_\_\_  
 Is there an agreement specifying or requiring this contribution to the Applicant's education?: Yes \_\_\_\_\_ No \_\_\_\_\_

**Required Additional Parental Financial Assets Information:**

Cash, Savings & Checking Accounts \$ \_\_\_\_\_ . \_\_\_\_\_  
 Parent's monthly home mortgage or rental payment \$ \_\_\_\_\_ . \_\_\_\_\_  
 (If none, please explain on p. 4)  
 If parents own home, give:  
 Year purchased: \_\_\_\_\_  
 Purchase Price: \$ \_\_\_\_\_ . \_\_\_\_\_  
 Current Value: \$ \_\_\_\_\_ . \_\_\_\_\_  
 Amount owed on mortgage: \$ \_\_\_\_\_ . \_\_\_\_\_  
 Other Real Estate owned by parents(Do not include business(es) or farm(s))  
 Current Value: \$ \_\_\_\_\_ . \_\_\_\_\_  
 Amount owed on property: \$ \_\_\_\_\_ . \_\_\_\_\_  
 Investments: Current Value: \$ \_\_\_\_\_ . \_\_\_\_\_  
 Amount Owed: \$ \_\_\_\_\_ . \_\_\_\_\_  
 Business(es): Current Value: \$ \_\_\_\_\_ . \_\_\_\_\_  
 Amount Owed: \$ \_\_\_\_\_ . \_\_\_\_\_  
 Farm(s): Current Value: \$ \_\_\_\_\_ . \_\_\_\_\_  
 Amount Owed: \$ \_\_\_\_\_ . \_\_\_\_\_

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Any special explanation(s) or amplifications concerning Parental Financial Assets Information?:

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**SECTION C - Miscellaneous/Addendum Information:**

Please use this section to explain any “special circumstances or situations” referred to on previous pages which you or your parents feel need additional explanation. If Father drawing any Department of Veterans Affairs disability payment, list such payments under “VA Certified Service Connected Disabled” on pages 2 and 3, and list amount of disability percentage in the indicated space. List the Monthly Department of Veterans Affairs payment where requested.

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**REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION:**

Copy of Birth Certificate/Adoption Papers enclosed \_\_\_\_\_  
**(FIRST-TIME applicant's only)**

Copy of College/University Acceptance, if received, enclosed \_\_\_\_\_  
**(FIRST-TIME applicant's only)**

Recent 2 ½ x 3 ½ (wallet size) **Original on regular photo paper** Photo Suitable for publication enclosed \_\_\_\_\_  
**(ALL applicants)**

Most Recent Transcript/Grade Report enclosed \_\_\_\_\_  
**(ALL applicants)**

**AGREEMENT**

***(Sponsoring parents should retain a copy of this Application and the provisions of the Agreement contained therein.)***

1. We attest that the Applicant named in this form is fully qualified to receive assistance from the Third Marine Division Association’s MEMORIAL SCHOLARSHIP FUND as the legally dependent child, natural or legally adopted, of a member of the Association with at least two full years of continuous membership as of 16 April of the Academic Year in which this request for assistance is submitted.
2. We attest to the truthfulness and completeness, as known to us, of all answers regarding “Estimated Costs” for the school to be attended and to the “Income” and “Estimated Income” sections of this Application. We agree to promptly provide any such additional information or clarification relevant to school costs, living arrangements, supplies, fees, transportation, personal expenses, etc., etc. as may be requested.
3. We agree to keep the Secretary of the Memorial Scholarship Fund’s Board of Trustees advised of any changes

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to this Application as originally submitted, and particularly any changes to the financial information regarding "income" as submitted herein such as new scholarships, State and/or Federal grants/awards, etc., etc.

4. We agree to immediately notify the MSF Secretary if the Applicant, for any reason, fails to start school as indicated on this Application, withdraws from the indicated school after an award check has been mailed to the indicated institution, or transfers to a school other than the one indicated in this initial Application.
5. We agree that semester grade reports must be sent to the Secretary, Memorial Scholarship Fund, at the close of each semester to verify continued academic performance and that semester grade reports must be original official documents from the educational institution; on-line printouts, E-mails or copies are unacceptable. Grade reports from the educational institution must show the student's name, semester GPA and cumulative GPA. We also agree to submit a new Application annually for any future undergraduate studies assistance requests by the Applicant, such Applications to be used by the MSF Board of Trustees to determine on-going "need." We acknowledge that the MSF Board of Trustees, Third Marine Division Association, retains total and complete control and determination of award recipients, award amounts, and related decisions, and their findings are final and binding, without recourse or appeal for such actions by any person or group.
6. Award recipients will provide the Secretary, Memorial Scholarship Fund, their U. S. Postal Service personal mailing address and E-mail address at the educational institution they are attending within two weeks of the start of the Fall semester.

Applicant's Signature: \_\_\_\_\_

Applicant's Spouse's Signature: \_\_\_\_\_  
(If applicable)

Father's/Step-Father's Signature: \_\_\_\_\_

Mother's/Step-Mother's Signature: \_\_\_\_\_

This Application Completed on: \_\_\_\_\_  
(Date)

**RETURN THIS COMPLETED APPLICATION TO ARRIVE NO LATER THAN APRIL 15, 2010 TO:**  
MGySgt James G. Kyser USMC(Ret), MSF Secretary, 15727 Vista Drive, Dumfries, VA 22025-1810.

**COMPLETED APPLICATIONS NOT RECEIVED BY THE APRIL 15 DEADLINE**  
**WILL BE RETURNED UNOPENED**