



**LZ Old Corps 999 Detachment Scholarship Application  
For School Year \_\_\_\_\_**

**Name:** \_\_\_\_\_  
(last) (first) (middle)

**Address:** \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city) (state) (zip code)

**Current Camden High School Status:** Senior \_\_\_\_\_ Graduated \_\_\_\_\_

**Major:** \_\_\_\_\_

**Accepted to college for following year:** YES \_\_\_\_\_ NO \_\_\_\_\_  
(proof required)

**Name of College:** \_\_\_\_\_

**Marine Corps League Detachment Sponsor:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Name & Title of School Official to Who grant will be sent:**

\_\_\_\_\_

**Date:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_

**Sponsor Signature:** \_\_\_\_\_

**Mail Completed Application to:**

**MCL-LZ OLD CORPS DET. 999  
Scholarship Committee  
PO Box 296  
Camden, NY 13316**

**Approved:** \_\_\_\_\_

**Office:** \_\_\_\_\_

**Approved:** \_\_\_\_\_

**Office:** \_\_\_\_\_