

# Marine Corps Coordinating Council: Scholarship Application



RESERVE Company

1ST Battalion 25th BUFFALO  
4th LAR SYRACUSE  
NAVY RESERVES ROCHESTER

Name of College/University or  
Trade School

Date

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Last Name

First Name

M.I.

Birth Date

RANK

Email Address

Major Course of Study

Grade Point  
Average

SEMESTER

SPRING

FALL

Planned year of  
Graduation

## **Current Residence Information**

Street Address

City

State

Zip Code

Phone Number

**Please provide scholastic, academic or extracurricular activities**

**Please tell us why you should receive this scholarship**

**The following to be completed by Candidates Commanding Officer(s)  
PLEASE RATE THIS CANDIDATE in regard to his STANDING / PERFORMANCE**

**Recommendation from Command Staff including any scores and other relevant information**