

Incorporated by act of Congress



3619 Jefferson Davis Hwy
Suite 115
Stafford, VA 22554

MARINE CORPS LEAGUE

National Headquarters

703-207-9588

2 May 2022

We are excited to be able to offer Scholarships again for 2022 from a Grant provided through Delta Dental. The application attached for the 2022 school year is to be completed by each applicant and information supplied to myself for the Marine Corps League evaluation and awards.

The period to submit the application begins 2 May 2022 and all paperwork must be submitted by 1 August 2022. They will be reviewed and the successful students will be notified by e-mail and the students not selected will also be notified by e-mail or text.

Review the application and provide all the items requested by e-mail or snail mail. Please ask for a receipt on e-mail to confirm I received your paperwork and transcript. The forms provide the address for snail mail and I will either text you or e-mail you that your application was received. Any questions, please contact me by e-mail.

Thank you in advance for your application.

Regards,

Semper Fidelis

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Wendell W. Webb
Delta Dental Grant Coordinator
62nd Past National Commandant & CEO
National Marine Corps League
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wwebb@mcleague.org



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:
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.*

DEFINITIONS:

New Applicant: The applicant has never been awarded a Marine Corps League 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. Please include community service and goals after school.
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

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>					

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		
Program of study, Need and relationship. Please include community service and goals after school.			
Reviewer Score (5 - Excellent / 1 - Poor)		Reviewer Name:	