



MARINE CORPS AIR TRANSPORT ASSOCIATION

### 2021 STUDENT SCHOLARSHIP APPLICATION

Please print clearly. Fill in all blanks. Send completed application with all applicable signatures and return to the address indicated below. If this form is incomplete, inaccurate, or not signed, it will not be considered. Please complete one application for each scholarship. Please submit a new application each semester or as required by scholarship criteria. Have APPLICANT (not sponsor) attach a written statement describing educational goals and other relevant information See full Scholarship Eligibility Criteria at [www.mcata.com](http://www.mcata.com).

Member Sponsor's Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Home Phone: \_\_\_\_\_ Applicant's Work Phone: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

College Applicant will Attend: \_\_\_\_\_

Semester for which application is being made (Term and Year): \_\_\_\_\_

Credit Hours Earned to Date: \_\_\_\_\_ Intended Major: \_\_\_\_\_ GPA: \_\_\_\_\_

Credit hours to be taken during semester for which scholarship is awarded: \_\_\_\_\_

Type of Scholarship: Academic \_\_\_\_\_ Trade \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Personal Information

I release to M.C.A.T.A. the right to access all my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for the M.C.A.T.A.

Initial \_\_\_\_\_

#### Academic Information

I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to M.C.A.T.A. , the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

Initial \_\_\_\_\_

The form must be received by MCATA by 9 August 2021 for the committee to consider prior to the reunion. Send completed application to:

**M.C.A.T.A. Scholarship Program**  
**c/o David Harshbarger**  
**1188 Litchfield Lane**  
**Bartlett, IL 60103**

Educational opportunities are offered by M.C.A.T.A. without regard to race, color, age, national origin, religion, sex, disability or sexual orientation.