

Application and Rules

Colonel Hazel Elizabeth Benn, USMC Scholarship

*Applicants – Submit this form for Colonel Hazel Elizabeth Benn, USMC Scholarship Only
Do not use this form for the FRA or LA FRA Scholarships*

**DEADLINE: Applications, Recommendations, and Transcripts
Must Be Postmarked No Later Than April 15, 2010
All Documents Postmarked After April 15, 2010 Will Be Disqualified**

You may apply for the Colonel Hazel Elizabeth Benn, USMC Scholarship only if: You are a U.S. Citizen, and you are an unmarried dependent child of the sponsor and you will attend post-high school freshman or sophomore undergraduate education at a state or regionally accredited institution of post-secondary education situated in the United States. Your sponsor must be a current member in good standing of the Fleet Reserve Association or a FRA member in good standing at time of death and served or is now serving in the U.S. Navy as an enlisted medical rating assigned to and serving with the U.S. Marine Corps.

Applicant's Name (**Last**, First, Middle Initial): _____

In **September 2010**, I will be registered as a: College Freshman College Sophomore Other

1. All entries must be complete, accurate, legible, and printed in black ink. Read all instructions carefully. Review and understand all instructions before mailing.
2. We define: **Sponsor** as a FRA member in good standing (living or deceased) who may be the applicant, a parent, a grandparent, or a legal guardian, through whose military service eligibility for this scholarship program is claimed. **Head of Family** as the person who provides support (housing, food, financial support etc.) to the applicant. **Dependent** is an individual who meets the U.S. IRS definition as it relates to the sponsor.
3. Ensure that the information you enter about the Sponsor accurately describes their military history.
4. **Gross income** is to reflect total income from **all** sources. This includes investment income, savings income, retirement incomes, all forms of military pays (base pay, BAH, BAS, family separation, sub pay, flight pay, combat/hazardous duty pay, etc.) **Net income** is to reflect taxable income reported to IRS.
5. Applicant must submit the essay requested and must sign the application forms and ensure that it is also signed by the head of family and sponsor where requested.
6. Do not apply for the FRA/LA FRA Scholarship Program with this form. Use this form for the Colonel Hazel Elizabeth Benn, USMC Scholarship Program only.
7. **Scholarship recipients are notified by telephone and in writing by early July.** Recipient must be a U.S. Citizen and attend a college located in the United States. If you are selected to receive a FRA scholarship, your photo and excerpts from your essay may be used for promotional materials. **FRA is unable to notify the applicants who have not been selected for a scholarship award.**
8. **Most important** – We must receive official or certified academic documents (i.e. high school, college transcripts, test scores), your essay and two recommendations in order for us to consider any application for a FRA; LA FRA; or Col. Hazel Elizabeth Benn, USMC Scholarship.
9. We do not acknowledge receipt of application, if the application was submitted correctly, or if you were not selected for a scholarship. If an applicant wants to know if their application has been received, please enclose a self-addressed stamped postcard (not an envelope) that states "Scholarship application has been received." We will date it and mail it back to you.
10. Applicant must be a U.S. Citizen, and an unmarried dependent child of the sponsor and will attend post-high school freshman or sophomore undergraduate education at a state or regionally accredited institution of post-secondary education situated in the United States. Sponsor must be a current member in good standing of the Fleet Reserve Association or a FRA member in good standing at time of death and served or is now serving in the U.S. Navy as an enlisted medical rating assigned to and serving with the U.S. Marine Corps. If selected to receive this scholarship, applicant's photo, essay or excerpts may be used for promotional materials.

Benn Applications: Colonel Hazel Elizabeth Benn, USMC Scholarship
125 N. West Street
Alexandria, VA 22314-2754

APPLICANT INFORMATION

1. Applicant Name:

2. Home Address:

3. Current School Address:

High School

College

4. Home Phone Number:

5. School Phone Number:

6. Date of Birth:

7. Applicant's Marital Status:

8. Gender:

M F

9. U.S. Citizen:

Y N

10. Applicant's Email Address:

11. School's Email Address:

SPONSOR INFORMATION

1. Name of Sponsor:

2. Address of Sponsor:

3. Last Rank, Rate, or Grade Held:

4. FRA Membership #:

5. Branch/Unit/MAL Affiliation #

6. Date of Discharge/Retirement:

7. If Deceased, Date of Death:

7a. Did Sponsor Die While on Active Duty:

8. Relationship of Sponsor to Applicant:

9. Sponsor's Email Address:

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Please Check All That Apply:

- A. The Sponsor is: Living Deceased Military Retiree Currently on Active Duty Honorably Discharged Veteran
- B. The Sponsor Serves/Served as: Regular Reserve
- C. The Sponsor's U.S. Navy Service: Commissioned Officer with Enlisted Service Enlisted Service Only
- D. The Sponsor's Enlisted U.S. Navy Medical Rating: _____
- E. Sponsors NEC During Time Served with USMC: _____
- F. Has Sponsor Been Awarded the FMF Ribbon: Yes No
- G. List Dates and Name(s) of Commands/Units, Platforms or Deployments Served or Serving with the USMC
(List on separate piece of paper if desired or necessary.)

I certify the information about the Military service described herein is true and accurate:

Sponsors Signature: _____ Date: _____

If Sponsor is deceased – no signature possible Guardian or parental signature: _____

FINANCIAL INFORMATION

| | | | |
|--------------------------------------------------------------------------------------|--|-----------------------------------------------|--|
| 1. Name of Head of Family: | | 2. Home Telephone #: | |
| 3. Occupation: | | 4. Work Telephone #: | |
| 5. Email Address: | | 6. Relation to Applicant: | |
| 7. Address if Different from Sponsor: | | | |
| 8. Gross Family Income: (See Rule #4 on Page 1) | | 9. Net Family Income: (See Rule #4 on Page 1) | |
| 10. Number in Household: | | 11. Number of Children in College: | |
| 12. List Amount of Tuition, Room and Board, and Other Fees for Each College Student: | | | |

APPLICANT'S FINANCIAL STATEMENT

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|---------------------------------------|
| 13. Aid from Parent or Guardian (Annual Total): \$ | | | |
| Educational Resources Rec'd or Awarded for Next School Year | Veterans Benefits: \$ | Social Security: \$ | Applicant's Savings and Income: \$ |
| Other: \$ | Loans: \$ Source: | Scholarship: \$ Source | Grants: \$ Source |
| 14. Total of all Funds Available for Education During Year for Which Application for Scholarship is Made: \$ | | | |
| 15. Additional Comments: The applicant/parent/head of family/sponsor may comment on any specific circumstance which they desire to bring to the attention of the scholarship committee that impacts the financial status described above. | | | |
| Signature of Head of Family: | | | Date: |

APPLICANT'S SCHOOL, COMMUNITY EXTRACURRICULAR ACTIVITIES, AND AWARDS
On a separate sheet of paper, please list school, community extracurricular activities, and awards.
 (Reference Part B – Instructions, Page 1)

APPLICANT'S EDUCATIONAL INFORMATION

| | | |
|---------------------------------------------------------------------------------------|--------------------------|---------------------|
| 1. Name and Address of High School Currently Attending or High School Graduated From: | 2. Dates of Attendance: | 3. Graduation Date: |
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| 4. Name and Address of College(s) Attended: | 5. Date of Attendance: | 6. Graduation Date: |
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| 7. Name and Address of Colleges to Which Applied: | 8. Accepted: (Yes or No) | |
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APPLICANT'S WORK EXPERIENCE

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|----------------------|-------------------------|------------------------|
| 1. Name of Employer: | 2. Dates of Employment: | 3. Description of Job: |
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Important – We must receive: (A) This completed application, (B) School transcripts, applicable academic documentation; (C) Two recommendations; and (D) Your essay in order to consider any application for our FRA; LA FRA; or Colonel Hazel Elizabeth Benn, USMC Scholarship Programs.
 (Reference Page 1 – Application, and Part B – Instructions, Page 1).

I have read and understand the Rules on Page 1 and Instructions (Part B, Page 1) and certify the information herein is correct to the best of my knowledge. I also am aware that the Benn USMC Scholarship can only be used to attend a post-secondary accredited college as a freshman or sophomore. Junior and Senior college students are disqualified from accepting this award. I also grant, as part of the review process, the right for any information to be verified separately and waive any and all liability or appeal for the process and the selections made (including not being selected).

 Applicant's Signature Date