



Virginia War Memorial  
**Marocchi Memorial Scholarship**

**MAROCCHI MEMORIAL SCHOLARSHIP APPLICATION**

**All materials must be received by Sunday, April 19, 2020, 11:59 p.m.**

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School name and address: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

Guidance Counselor's phone AND email: \_\_\_\_\_

College/University you will attend: \_\_\_\_\_

ROTC Branch of Service: \_\_\_\_\_ Anticipated date of graduation from HS: \_\_\_\_\_

Type of Diploma (Standard, College Prep, Advanced, etc.): \_\_\_\_\_

Extracurricular: (clubs, athletics, academic societies, etc.) Include number of years of participation: \_\_\_\_\_

\_\_\_\_\_

Community Service: (Scouts, 4H, Volunteer Fire/EMS, etc.) Include number of years of participation: \_\_\_\_\_

\_\_\_\_\_



Virginia War Memorial  
**Marocchi Memorial Scholarship**

In 500 words or less, describe the reasons why you wish to pursue a career in the military services, and the personal benefits you hope to reap from your pursuit of higher education through ROTC (*please attach this description as a separate page to this application*).

Is there anything else you would like us to know about you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all information contained in this application and all attachments thereto is true and correct to the best of my knowledge.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

If under the age of 18 at the time of signing, signature of parent or guardian.

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date