



Virginia War Memorial  
**Marocchi Memorial Scholarship**

**MAROCCHI MEMORIAL SCHOLARSHIP APPLICATION – High School**

**All materials must be received by Monday, April 24, 2023, 11:59 p.m.**

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

Phone Number: \_\_\_\_\_ Email (personal email preferred): \_\_\_\_\_

Home Address: \_\_\_\_\_

School name and district (county/city): \_\_\_\_\_

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

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 activities: (include number of years of participation - clubs, athletics, academic societies, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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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? \_\_\_\_\_

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

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Signature

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Date

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

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Signature of Parent/Guardian

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Date