



MARION MILITARY INSTITUTE  
SCHOLARSHIP APPLICATION



Marion Military Institute provides scholarship opportunities to recognize, reward and help make possible the pursuit of higher education of outstanding young individuals.

Type or print legibly in blue or black ink

Name \_\_\_\_\_  
Last First MI

Permanent Address \_\_\_\_\_  
Street City State Zip

Mailing Address (if different from above) \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number (last four digits only) xxx-xx-\_\_\_\_\_

Most recent Grade Point Average (GPA) \_\_\_\_\_ SAT \_\_\_\_\_ ACT SCORE \_\_\_\_\_

**Personal Data:**

List all school activities in which you have participated during the past four years (i.e. student government, clubs, music, sports). Please attach an additional page if needed.

School Activity	Years Participated	Awards, Honors, Offices Held

List your volunteer activities in which you have participated during the last four years. Please attach an additional sheet if needed.

Name of Organization/ Volunteer Activity	Years Participated

**Priority Dates:**

First scholarships will be considered beginning April 1 of each year.



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These answers will be utilized to prepare a press release to your hometown newspaper and that of the donor's as well as a letter introducing you to the donor if you are matched with a Foundation Scholarship.

1. What activities will you be involved in at Marion Military Institute? \_\_\_\_\_

\_\_\_\_\_

2. What academic/military program will you be involved in at Marion Military Institute? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What are your career goals/plans for future (please include your intended major in college)? \_

\_\_\_\_\_

\_\_\_\_\_

4. What do you plan to do after graduating from/completing your program at Marion Military Institute? \_\_\_\_\_

\_\_\_\_\_

5. How will attending Marion Military Institute assist in meeting your goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you have notable awards or honors that you would like to disclose? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. How would you feel about receiving a scholarship? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Release of Information

I, \_\_\_\_\_, give my approval for release of information contained in  
(Printed Name)  
my scholarship application or collected during the awarding process at Marion Military Institute to those individuals associated with reporting such information to donors of the Marion Military Institute Foundation.

**Please initial below:**

\_\_\_\_\_ I authorize release of information contained in my records, photograph and other identifying information to the donor's selected news outlets.

\_\_\_\_\_ I understand that all photographs of students are intended for marketing and promotional use and are the property of Marion Military Institute.

\_\_\_\_\_ I have received a copy of my rights under the Family Educational Rights and Privacy Act of 1974 (FERPA). I understand my rights under FERPA having reviewed page 82 in the 2010-11 Cadet Manual.

Name of Parents to be used in Press Releases: \_\_\_\_\_

Name of Hometown Newspaper: \_\_\_\_\_

**Eligibility:**

- Eligibility is open to all Marion Military Institute cadets and cadet recruits attending MMI in the upcoming semester for two consecutive semesters.
- Completed Application Form.
- **Completed** (and Verified if applicable) Free Application for Federal Student Aid (FAFSA) Form.
- **Applicants must have on file with the Registrar, acceptable documentation to verify GPA, SAT and ACT scores.**

**Application Deadline:**

Applications may be mailed or hand-delivered as instructed to Marion Military Institute Foundation – Scholarships, 1101 Washington Street, Marion, Alabama 36756. They must be received and all components complete before the close of business May 1, 2011.

I certify that the information contained in this application packet is true and correct and I agree to abide by the decision of the MMI Foundation Scholarship Committee. I am not an employee of MMI, The MMI Foundation, an elected member of the Board of Trustees and Advisors or an immediate family member of an MMI employee, The MMI Foundation employee or a member of the Board of Trustees and Advisors. If I am chosen as a recipient of a scholarship, I authorize payment to be made to Marion Military Institute on my behalf for the upcoming semester. If I leave the school prior to the depletion of funding from his scholarship, the remaining balance will be transferred to the foundation's general scholarship fund. I further authorize the disclosure of name and social security number to the school for identity purposes and for The MMI Foundation to use my name, essay and/or photograph in future publications. I have read and will comply with this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***Incomplete applications will not be considered!***