

The purpose of the Marlin Club Crew of OC, Inc. (a 501 [c][3]) nonprofit organization, is to promote the recreation of fishing and safe boating, to encourage responsible conservation, to educate our youth in these activities and to organize or assist with events that present fishing and safe boating in a positive light in the community.

Marlin Club Crew of OC, Inc. Scholarship Application

Qualifications:

- 1. You must be a student in Worcester County, Maryland to be eligible.
- 2. Attach a copy of the written **acceptance letter** from the college, university, or trade school you plan to attend.
- 3. Include **2** recommendation forms in sealed and signed envelopes along with your application. One must be from a junior/senior year teacher; the other from an employer, pastor, teacher, coach, etc.
- **4.** Have your guidance counselor attach a current **official transcript** and include your **spring class schedule.**
- 5. Applications are due to your Guidance Office by **April 8, 2024**. Applications received after the due date will not be eligible. Scholarship recipients will be notified by May 31.

PLEASE TYPE OR PRINT CLEARLY IN INK

| Name | Email | | | | | | |
|---------------------------|-------------------------|--|-------------------------|--|--|--|--|
| Home Address: | | | | | | | |
| Phone: | | Current School: | Current School: | | | | |
| College, university or to | rade school you plan to | o attend: | | | | | |
| Family Information | | | | | | | |
| Parent/Guardian | | Parent/Guardian | | | | | |
| Ages of dependent chil | dren in family, | ,,# working# | in college or graduated | | | | |
| • | • | e Ocean City Marlin Club throng g community? If so, state nar | • • | | | | |
| | | | | | | | |

| Prioritize and list your school, community, and employment activities in which you have been involved during the past four years. Be sure to include any honors earned and leadership positions held. You must limit your response to the space provided. Attachments will not be reviewed. | | | | | |
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| GOALS: |
|---|
| Intended Course of Study/Major |
| In the space below write 1 to 2 short paragraphs that identifies your goals and how this scholarship will help you achieve them. Be sure to include any special circumstances, personal or financial, that warrant our consideration. |
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| Verification: |
| I affirm that the information included with my application is true and accurate in all respects and that I intend to pursue a degree in higher education. I also understand that, if I am selected, the awarding of funds is contingent upon my enrollment at an accredited institution and that the funds will be paid directly to the institution and used toward the cost of my education. |

Signature_____Date____

Marlin Club Crew of OC Inc. Scholarship Recommendation Form #1

| Applicant's Name | | | | | | | | |
|---|---------------|------------|----------------|---|--|--|--|--|
| What is your relationship to the applicant? | | | | | | | | |
| If a teacher, grade level and subject taught | | | | | | | | |
| Please rate the applicant on e | each of the f | following | characterist | ics: | | | | |
| | Average | Above | Highest | Comment | | | | |
| | 1 | 2 | 3 | | | | | |
| Motivation | | | | | | | | |
| Effort | | | | | | | | |
| Behavior | | | | | | | | |
| Dependability | | | | | | | | |
| Working with others | | | | | | | | |
| Character | | | | | | | | |
| Communication ability | | | | | | | | |
| Please use the back of this pa | | le any add | litional infor | mation in support of this applicant. | | | | |
| Print Name | | | Signa | ture Date | | | | |
| Please return this recommen applicant's name on the front | | to the ap | plicant or to | the Guidance Office in a sealed envelope with the | | | | |

Marlin Club Crew of OC Inc. Scholarship Recommendation Form #2

| Applicant's Name | | | | | | | | |
|--|---------|------------|---------------|--------------------------------------|--|--|--|--|
| What is your relationship to the applicant? | | | | | | | | |
| If a teacher, grade level and subject taught | | | | | | | | |
| Please rate the applicant on each of the following characteristics: | | | | | | | | |
| | Average | Above | Highest | Comment | | | | |
| | 1 | 2 | 3 | | | | | |
| Motivation | | | | | | | | |
| Effort | | | | | | | | |
| Behavior | | | | | | | | |
| Dependability | | | | | | | | |
| Working with others | | | | | | | | |
| Character | | | | | | | | |
| Communication ability | | | | | | | | |
| Please use the back of this pa | | le any add | itional infor | mation in support of this applicant. | | | | |
| Print Name | | | Signat | ure Date | | | | |
| Please return this recommendation form to the applicant or to the Guidance Office in a sealed envelope with the applicant's name on the front. | | | | | | | | |