



**NATIONAL HEADQUARTERS
MARINE CORPS HISTORICAL ASSOCIATION
463 WEST SECOND AVE., COLVILLE WA 99114
COURSE/SCHOOL APPLICATION**

COURSE INFORMATION

| | |
|---------------------------------|-------------|
| REQUESTED COURSE OF INSTRUCTION | COURSE DATE |
|---------------------------------|-------------|

PERSONAL INFORMATION

| | | | | |
|-------------------------------------------|---------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| NAME (LAST) | (FIRST) | (M.I.) | D.O.B YY/MM/DD | SSN |
| STREET ADDRESS | CITY | STATE | ZIP | TELEPHONE NUMBER () |
| DRIVERS LICENSE NUMBER AND STATE OF ISSUE | | | MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED | |

EMERGENCY CONTACT INFORMATION

| | | | |
|------------------|---------|--------------|-------------------------|
| NAME (LAST) | (FIRST) | RELATIONSHIP | TELEPHONE NUMBER () |
| STREET ADDRESS | CITY | STATE | ZIP |
| TELEPHONE NUMBER | () | | |
| NAME (LAST) | (FIRST) | RELATIONSHIP | TELEPHONE NUMBER () |
| STREET ADDRESS | CITY | STATE | ZIP |
| TELEPHONE NUMBER | () | | |
| NAME (LAST) | (FIRST) | RELATIONSHIP | TELEPHONE NUMBER () |
| STREET ADDRESS | CITY | STATE | ZIP |
| TELEPHONE NUMBER | () | | |

REENACTOR SERVICE INFORMATION

| | | |
|---------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CURRENT REENACTING UNIT | RANK | COMMITMENT OF SERVICE <input type="checkbox"/> VERY ACTIVE <input type="checkbox"/> ACTIVE <input type="checkbox"/> AVERAGE <input type="checkbox"/> SUPPORT |
| BRANCH OF SERVICE <input type="checkbox"/> USMC(REENACTING) <input type="checkbox"/> USN(REENACTING) | MOS/DUTIES ASSIGNED | |

APPLICANTS CERTIFICATION (READ, INITIAL EACH STATEMENT, AND SIGN)

1. _____ **I AGREE** I request consideration for appointment to the above mentioned course of instruction. All coursework is voluntary, and all monies are nonrefundable under all circumstances. I accept and understand that this is an immersive training event, and that verbal and minor physical punishments may be inflicted upon my person to further the immersive training. I further state that I am of good physical health and can maintain a rigorous course of physical fitness. If accepted into any course of instruction, I agree to abide by the regulations for the administration, including the purchase of all necessary uniforms and equipment, and to obey all lawful orders and instructions from my superiors. I agree to serve in any capacity so directed, and to complete any and all pre-course work to the best of my ability, much of which will be necessary for me to know and understand upon the first day of instruction.
2. _____ **I AGREE** I understand that I am not a candidate in any school, course, workshop, or event of the Marine Corps Historical Association until officially notified in writing by National Headquarters. If appointed, the rank herein requested may not necessarily be the rank to which I am appointed by National Headquarters.

| | |
|------------------------|------------------|
| SIGNATURE OF APPLICANT | ORIGINATING DATE |
|------------------------|------------------|

APPLICATIONS MUST BE SIGNED AND POSTMARKED WITHIN THIRTY (30) DAYS OF ORIGINATING DATE.
DO NOT WRITE BELOW THIS LINE

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> APPROVED <input type="checkbox"/> WAIVERS RECEIVED <input type="checkbox"/> MEDICAL CLEAR <input type="checkbox"/> BACKGROUND CHECK <input type="checkbox"/> ORDERS ISSUED _____ | |
| <input type="checkbox"/> DENIED, RESPONSE GIVEN: _____ | |
| <input type="checkbox"/> CANDIDATE REPLY <input type="checkbox"/> CANDIDATE NONRESPONSIVE | APPROVING OFFICER: _____ DATE: _____ |