

US Marine Corps Educators' Workshop Application

Invitation

The United States Marine Corps would like to extend a personal invitation for you to attend the Educators' and Key Leaders' Workshop.

For hundreds of years, the Marine Corps has fought honorably to defend this Nation and our way of life. It is our Marines who have led the way. The Marine Corps is an organization built around success and the opportunity for growth and advancement. We are fiercely proud of our traditions and the way in which we create our Nation's defenders.

We look forward to sharing our training and education process with you.

Qualifications

Applicants must meet one of the following qualifications:

- Full time high school (9-12) teacher, post secondary educator (teacher, professor, counselor, principal, superintendent, coach) or school board leader.
- Have ties to teenagers and/or young adults (youth group leader, after-school volunteer, program coordinator, etc.).

Requirements

Applicants must meet all of the following requirements:

- Physically able to participate during the workshop as there are some periods of prolonged walking and/or standing.
- Have not previously attended a Marine Corps Educators' Workshop.

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Your Information

Name

First

Last

Contact

Email

Phone

Address

Street

Apt/Unit

City

State

Zip

Other

Occupation

Relationship to the Marine Corps

Interest

Social
Media*

Organization/Institution/University

Gender

DOB

Facebook

Twitter

Instagram

*Help us connect with you on social media! Please fill in your information so we can keep in contact and share your experience throughout the week.

Questionnaire

YES NO

Have you attended a US Marine Corps Educators' Workshop in the past?

YES NO

Have you served in the military?

YES NO

Do you have any relatives in the military?

YES NO

Do you have any children in the military?

If yes:

What branch(es)?

How long?

Last year of active service?

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What is your knowledge of the military?

How did you learn about this opportunity?

Do have any special needs (food, room requirements, etc.)?

What is your local airport?

Emergency Contact

Name

First

Last

Contact

Email

Phone

Relationship

Address

Street

Apt/Unit

City

State

Zip

Date*

Sign*

***PRIVACY ACT STATEMENT** (By authority of MCO P5720.60):

- **PRINCIPAL PURPOSE** – To obtain information required to adequately manage the Marine Corps Educators Workshop Program.
- **ROUTINE USE** – To maintain a record of individuals participating in the Educators Workshop.