

Student Veterans Organization of Marian University Application



Name: _____

E-mail: _____

Phone Number: _____

Branch of Service:
(Circle) Army Navy Marine Corps Air Force Coast Guard

Current Member of Reserve or National Guard: Yes No
(Circle)

Date of Discharge: _____

Are You Marian Alumni: Yes No
(Circle)

Year Graduated: _____

Campaigns: Operation Enduring Freedom Operation Iraqi freedom
(Circle)
 Freedom Gulf War Other: _____

ROTC: Yes No

Dependant or Spouse receiving benefits: Yes No
(Circle)

Current Year: Freshman Sophomore Junior Senior Graduate
(Circle)

Anticipated Date of Graduation: _____

Disclaimer: It is the policy of the Organization to screen all prospective members to verify military affiliation. We reserve the right to select applicants according to our criteria. This information will remain confidential among the organizations representatives unless authorized to disclose by the applicant.

Signature: _____ Date: _____