



-Scholarship Application-

ABOUT CPL. CHRISTOPHER KELLY WILLIS

Corporal Willis grew up in Paw Paw, Michigan, joined the Marines in 1999, and completed his boot camp training at Camp Pendleton, California in December of 1999. Christopher graduated from USMC Engineering School at Camp Lejeune, North Carolina in April of 2000 with a 4.0 GPA (2nd in a class of 40).

After Lejeune, he was attached to Bridge Company Alpha, 6th Engineer Support Company, 4th FSSG in Battle Creek, Michigan. In early 2003, Lance Corporal Willis was activated by the USMC.

After deployment to Kuwait, and just prior to the beginning of Operation Iraqi Freedom, he was hand selected for the Marine Reconnaissance Team and was on the front lines as his seven man team scouted the forward area for the 1st Marine Expeditionary Force.

Christopher came home a hero to Paw Paw, Michigan in June of 2003. Six weeks later on July 18, 2003, while still on active duty, Lance Corporal Willis died in a tragic automobile accident on I-94 near Battle Creek, Michigan. He was only 24 years old.

After his death, Christopher was promoted to the rank of corporal, gaining the title of a Non-Commissioned Officer and gaining his NCO blood stripe. Corporal Willis was buried with full military honors in Fort Custer National Cemetery, Battle Creek, Michigan.

STATEMENT OF USE

The purpose of the Scholarship Fund of the Corporal Christopher Kelly Willis Foundation (the Willis Foundation) is to honor our soldiers who have made the ultimate sacrifice while ensuring our continued freedom by supporting their children in working towards a bright future through higher education. In working towards this purpose, the Willis Foundation reserves the right to help those in financial strain above others. Recipients of the scholarship fund must be the dependent son or daughter of:

- A soldier, sailor, airman, Marine, or Guardsman who was killed or permanently disabled (100% VA disability rating) in the line of duty. Preference is given to those who were, or whose child is, a permanent resident of Michigan, Indiana, Illinois, or Ohio.
- A soldier, sailor, airman, Marine, or Guardsman who is currently classified as a POW or MIA. Preference is given to those who were, or whose child is, a permanent resident of Michigan, Indiana, Illinois, or Ohio.

APPLICATION PROCESS

Once you have reviewed and understand the “Statement of Use” for the Corporal Christopher Kelly Willis Foundation (the Willis Foundation) Scholarship Fund and have determined that your child(ren) are eligible to be considered, you may then complete the scholarship application to be considered by the Willis Foundation’s Scholarship Committee.

The following items must be submitted in your application packet. Please be sure all information is typed or handwritten legibly. There is a check list at the end of this application that you may utilize while preparing your application packet. We encourage you to contact us with any questions by phone at (269) 492-1040.

1. Photo(s) of Child(ren)

Please attach a photo of your child(ren) from the shoulders up. The photo may contain the entire family, children only, and/or of the parent lost or disabled with the child(ren). All photos submitted will be used for publicity if your child(ren) are selected to receive the Willis Foundation Scholarship. Please put your name on the back of photo(s), and note if you need them returned.

2. Signed and completed application form

Please complete the entire application, even if the information requested is contained elsewhere in documents that you are submitting. Do not leave any lines blank throughout the application and use “N/A” if the information requested is not applicable to you.

3. Financial Statements

Please attach **signed** copies of your three (3) most recent Federal Income Tax Returns. (If you are divorced or separated, both incomes are required.)

4. Certificate of Service/Dependency

Please attach a copy of the child(ren)’s parent’s Certificate of Death (Form DD1300), certificate of disability (proving 100% VA disability rating), or documentation of POW or MIA classification. In addition, please enclose a (copy) of your current valid dependent’s ID card.

5. Essay (from all children ages 12 and older)

Please tell us about your mom or dad who served in the armed forces and how s/he impacted your life, inspired you, and/or made you proud, and how s/he shaped your goals for your future beyond high school.

6. Scholarship Release of Information Form

This form is located at the end of this scholarship application. Please read it carefully, and sign as directed on the form. We must have this release signed and submitted with the scholarship application.

INFORMATION ON INDIVIDUAL COMPLETING THIS APPLICATION

Last Name: _____ First: _____ MI: _____

I am the child(ren)'s:

Father Mother Legal Guardian Other: _____

Permanent Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Please check which criterion qualifies the child(ren) to be considered for a scholarship from the Cpl. Christopher Kelly Willis Foundation:

- A soldier, sailor, airman, Marine, or Guardsman who was killed or permanently disabled (100% VA disability rating) in the line of duty. Preference is given to those who were, or whose child is, a permanent resident of Michigan, Indiana, Illinois, or Ohio.
- A soldier, sailor, airman, Marine, or Guardsman who is currently classified as a POW or MIA. Preference is given to those who were, or whose child is, a permanent resident of Michigan, Indiana, Illinois, or Ohio.

CHILD(REN)'S INFORMATION

Child 1

Last Name: _____ First: _____ M: _____

SSN: _____ DOB: _____ Sex: M ___ F ___ Expected H.S. Grad. Year: _____

Home Address: _____
(If different from above)

City: _____ State: _____ Zip Code: _____ County: _____

Child 2

Last Name: _____ First: _____ M: _____

SSN: _____ DOB: _____ Sex: M ___ F ___ Expected H.S. Grad. Year: _____

Home Address: _____
(If different from above)

City: _____ State: _____ Zip Code: _____ County: _____

Child 3

Last Name: _____ First: _____ M: _____

SSN: _____ DOB: _____ Sex: M ___ F ___ Expected H.S. Grad. Year: _____

Home Address: _____
(If different from above)

City: _____ State: _____ Zip Code: _____ County: _____

Child 4

Last Name: _____ First: _____ M: _____

SSN: _____ DOB: _____ Sex: M ___ F ___ Expected H.S. Grad. Year: _____

Home Address: _____
(If different from above)

City: _____ State: _____ Zip Code: _____ County: _____

(If there are more than four children, please provide the requested information as noted above for each additional child on a separate page.)

FATHER'S INFORMATION

Is the child(ren)'s father deceased: Yes No

Last Name: _____ First: _____ M.I.: _____

SSN: _____ DOB: _____

Home Address: _____
(If different from above)

City: _____ State: _____ Zip Code: _____ County: _____

Email: _____

If living, current marital status: Single Married Separated Divorced Widowed

If father's surname is different than child(ren)'s surname(s), please explain: _____

Father's military service (branch): _____

Months of active/reserve duty: _____ / _____

Father's highest military rank: _____

Major units (wings, divisions) where assigned and dates/locations of combat tour(s), units served with in combat:

Type of discharge: _____

Medals received (list combat "V"):

Please check all that apply:

Purple Heart(s) POW KIA MIA

MOTHER'S INFORMATION

Is the child(ren)'s mother deceased: Yes No

Last Name: _____ First: _____ M.I.: _____

SSN: _____ DOB: _____

Home Address: _____
(If different from above)

City: _____ State: _____ Zip Code: _____ County: _____

Email: _____

If living, current marital status: Single Married Separated Divorced Widowed

If mother's surname is different than child(ren)'s surname(s), please explain: _____

Mother's military service (branch): _____

Months of active/reserve duty: _____ / _____

Mother's highest military rank: _____

Major units (wings, divisions) where assigned and dates/locations of combat tour(s), units served with in combat:

Type of discharge: _____

Medals received (list combat "V"):

Please check all that apply:

Purple Heart(s) POW KIA MI

DESCRIPTION OF INCIDENT

Home of record at time of incident: _____

Date of Incident: _____ Duty Station at time of incident: _____

Deployed? Yes No If yes, which theater/operation? _____

Type of activity during which incident occurred: Combat Training Other

Please give a detailed description of the circumstances pertaining to the death or disability of the parent, including the details of what, when, and where the incident happened. You may type this description separately and replace this page with your printed version. In addition, please feel free to include (copies) of official documentation, news clippings, or other information that may help explain the incident.

PARENTS' FINANCIAL INFORMATION

Please note that the Willis Foundation does take into consideration the parents' combined income, and reserves the right to deny applicants based on income level. Please be sure to provide all requested information below (even if repetitive) and then attach the three (3) most recent signed Federal Income Tax Returns (for both parents).

	Father	Mother	Total
Adjusted Gross Income (from last filed Tax Return)	_____	_____	_____
Tuition Benefits from Employer	_____	_____	_____
Savings or Other Resources	_____	_____	_____
Parental Student Loan(s)	_____	_____	_____
Veteran's Benefits	_____	_____	_____
Number of Dependents in College, other than Applicant	_____	_____	_____
Total Value of all Assets	_____	_____	_____
Net Worth	_____	_____	_____

Other Circumstances:

If there are any additional circumstances such as high medical or dental expenses, other debt, child care, elder care, or other special conditions that should be taken into consideration by the Willis Foundation, please attach a separate sheet that explains the details of these circumstances.

ESSAY

To be completed by each child who is 12 years of age or older (please add additional pages if more than one child is completing an essay). Please tell us about your mom or dad who served in the armed forces and how s/he impacted your life, inspired you, and/or made you proud, and how s/he shaped your goals for your future beyond high school.

CERTIFICATION

All information provided in this application is true and complete to the best of my knowledge.

Parent/Legal Guardian

Parent/Legal Guardian's Printed Name: _____

Parent/Legal Guardian's Signature: _____

Date Certified: _____

Child (if age 18 or older)

Child's Printed Name: _____

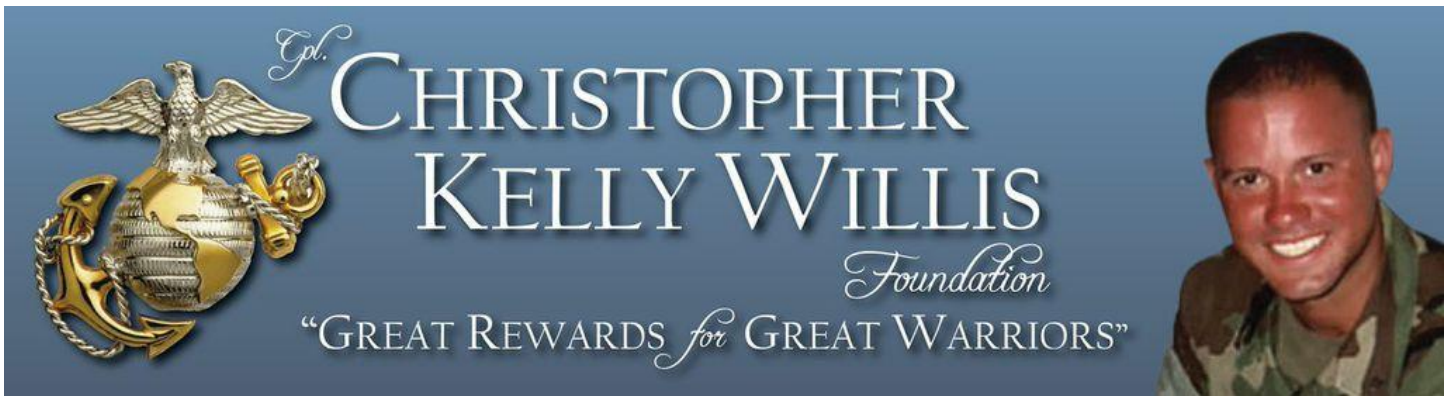
Child's Signature: _____

Date Certified: _____

APPLICATION CHECK-OFF LIST

Please remember that your application will not be considered by the Willis Foundation unless all required documents are submitted. Use the list below to verify that you have included all items with your application:

- Photo(s) of child(ren), and parent(s)
- Proof of dependency (Form DD1300)
- Signed copies of all financial forms (including copies of the parents' three (3) most recent Federal Income Tax Returns)
- Certificate of death/disability or proof of POW/MIA status
- Essay(s) from all children ages 12 and older
- Signed Release of Information form



-Scholarship Release of Information Form-

Donors who give to the Cpl. Christopher Kelly Willis Foundation are passionate about its mission to help provide college scholarships for the benefit of children who have lost their United States Armed Services parent in combat, or whose parent was permanently disabled in combat. The Willis Foundation and its donors know that these children have also made the ultimate sacrifice.

Our scholarship donors greatly appreciate knowing the children who have directly benefited as a result of their donations made to the Willis Scholarship Fund. In addition, sharing the stories of our recipients will help educate others about this opportunity and therefore bring new donors to help support the great need in providing these college scholarship opportunities.

By signing below, I hereby authorize the release of all names, photos, military service, and stories that have been submitted with this application to be shared with the Willis Foundation donors, as well as be used for press releases, websites, publications and other media outlets.

Parent/Legal Guardian Signature

Date

Name (print)

Child (18 years or older) Signature

Date

Name (print)

**Please be sure this consent form is returned with your Scholarship Application.
Thank you!**