

LT MICHAEL P. MURPHY MUSEUM MEMBER SCHOLARSHIP

APPLICATION VERIFICATION

The following information must be completed in full by your high school, college or trade school Counselor or Advisor.

Counselor or Advisor Name

By signing this, I am verifying that _____
is a graduating senior or current student at my school and that the transcript provided is a true and accurate record of the student.

Counselor or Advisor Signature



LT MICHAEL P. MURPHY
NAVY SEAL MUSEUM