



ROCK ISLAND ARSENAL  
HISTORICAL SOCIETY

**2021 Richard C. Maguire Scholarship**

*For an individual studying for a Master's degree or Doctorate  
in history or a related field*

**APPLICATION**

Submission deadline **May 15, 2021**

*Please print or type*

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Permanent Address \_\_\_\_\_ Permanent Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Current Address \_\_\_\_\_ Current Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

High School attended \_\_\_\_\_ Year graduated \_\_\_\_\_

Are you a full time student? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been accepted into a postgraduate program? Yes \_\_\_\_\_ Not yet \_\_\_\_\_

If "not yet," when will you know? \_\_\_\_\_

When do you expect to finish your degree? B.A. \_\_\_\_\_ M.A. \_\_\_\_\_ Ph.D. \_\_\_\_\_

***College or University where you will or did receive your Bachelor's Degree***

Name \_\_\_\_\_ Registrar's Office Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

G.P.A. in Major \_\_\_\_\_ out of possible \_\_\_\_\_ Cum. G.P.A. \_\_\_\_\_ out of possible \_\_\_\_\_

***College or University where you will or are doing postgraduate study***

Name \_\_\_\_\_ Registrar's Office Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Major study(s) \_\_\_\_\_

Cum. G.P.A. \_\_\_\_\_ out of possible \_\_\_\_\_

You may use additional sheets to complete your responses.

.....

1. Please give us a synopsis of your plans and goals for the future.

.....

2. Please give us a resume of your background. Please include any awards received, offices held, and any extracurricular activities, such as clubs or sports. Include any information you feel is pertinent to this scholarship.

.....

3. Are there any additional comments or information about yourself that you would like us to know?

.....

**Please mail to:**  
Richard C. Maguire Scholarship Committee  
c/o Rock Island Arsenal Museum  
1 Rock Island Arsenal  
Rock Island, Illinois 61299-5000

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OR email to:** [contact@arsenalhistoricalsociety.org](mailto:contact@arsenalhistoricalsociety.org). Electronic signatures will be utilized on electronic applications.

Two endorsers selected (instructors or other persons who know you well):

---

Name	Address	Phone
------	---------	-------

---

Name	Address	Phone
------	---------	-------