



Maynard Fire Department Scholarship



This scholarship must be completely filled out. Place N/A if something does not apply. Do not leave any section blank.

Applicants General Information:

Name: _____

Address: _____

Telephone: _____ Email: _____

Date of Birth: _____

Guidance Counselor: _____

Family Data

Parent/Name: _____

Parent/Name: _____

Cell: _____

Cell: _____

Address: _____

Address: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Years Employed: _____

Years Employed: _____

of college age children: _____

of college age children: _____

Student Data

High School Average: _____

Intended major of study: _____

Accredited College or Vocational School you've been accepted for a full-time course of study _____



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Attach a copy of your official high school transcript to this application.

(*School Seal & Signature Required – IN A SEALED ENVELOPE***)**

- 1. List all participation in all school activities. Be specific regarding which school years are involved.**
- 2. List all community service activities. Be specific regarding the frequency and length of each commitment.**
- 3. List all employment information. Be specific regarding years worked, hours/week, and employer contacts (Name & Phone number).**
- 4. List any other information you feel is important in considering you for this scholarship. Is there a special need or are there special circumstances the committee should be aware of?**
- 5. Provide one (1) letter of recommendation from any school personnel specifically commenting on the area of leadership and citizenship. Provide one (1) letter of recommendation from a community member commenting on community service.**
- 6. One page biography.**