



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: _____

Year graduated/GED: _____

Current level of education/ desired future level of education:

Do not leave any section blank.

- 1. List all community service activities. Be specific regarding the frequency and length of each commitment.**

- 2. List all employment information. Be specific regarding years worked, hours/week, and employer contacts (Name & Phone number).**

- 3. 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?**



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4. Provide one (1) letter of recommendation from a professional commenting on the area of leadership and citizenship. Provide one (1) letter of recommendation from a community member commenting on community service.

5. One page biography of why you deserve this scholarship