



Maryland State Firemen's Association

Scholarship Renewal Application (Please Type or Use Dark Ink) Page 1 of 2

Name: _____ Date of Birth: ____/____/____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Phone #'s: Home: _____ Cell: _____
Email Address: _____

Name of Volunteer Fire Department/Auxiliary: _____
Address: _____
City: _____ State: _____ Zip Code: _____
President of Department: _____
Phone #: _____
Year Joined: _____ Years of Membership: _____

Name of Educational Institution that you are attending: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Major: _____
Name of Faculty Advisor: _____ Phone: _____
Status: FULL TIME / PART TIME Credits per Semester: _____
Credits Completed towards Major: _____ GPA: _____
Please circle Level for academic year that you are seeking scholarship:
Sophomore / Junior / Senior

*****ATTACH A COPY of TRANSCRIPT with APPLICATION*****

Scholastic & Athletic Honors Receive in College: _____

*****ATTACH DOCUMENTATION*****

List School & Community Activities, Teams or Clubs in which you are a Member or Participated in college. (Include any Office Held):

List any other financial assistance opportunities for which you have applied or will be receiving: _____



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List any other financial assistance that you have been awarded:

List scholarships or awards previously received: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Phone #: _____

Full Time/ Part Time Hours per week: _____

Do you plan to continue to work while in school: YES / NO Full Time/ Part Time

Before submitting this application be sure the following items are enclosed:

Application
College Transcript

Letter from President of Fire Department/ Auxiliary
Copies of Awards and Certifications

Applications submitted without all supporting documentation are subject to rejection and will not be reviewed by the selection committee. It is the responsibility of the applicant not the committee, to ensure that parties entrusted with submitting supporting documentation follow through by the appointed deadlines.

I hereby declare that all of the above information is complete and correct to the best of my ability.

Signature: _____ Date: ____/____/____

Please return the completed application with all accompanying documentation to the chairman, at the address indicated below, no later than **April 15th** to be considered for scholarship assistance for the ensuing academic year. Currently supported students will be required to submit a supplemental application form for consideration for continued support.

CHAIRMAN:
G. Dale Fishack
P.O. Box 123
225444 Cavetown Church Road
Cavetown, MD 21720
EMAIL: chiefringgold@aol.com
