



Maryland State Firemen's Association

Scholarship Application (Please Type or Use Dark Ink)

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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: _____

List all Fire or EMS Certifications and Courses, (ATTACH Copies of Cards and Transcript): _____

High School Attended: _____ Date Graduated: _____
Address: _____
City: _____ State: _____ Zip Code: _____

If G.E.D., Give date entered, received and location: _____

Scholastic & Athletic Honors Receive in College: _____

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

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

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



Maryland State Firemen's Association

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: _____

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



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On a separate sheet of paper to be submitted with the application please answer the following questions in typed essay format approximately 250 to 500 words.

1. Why are you applying for financial assistance?
2. What inspired you to pursue this course of study?
3. What are your career goals and objectives upon completion of this degree?

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

Application
High School Transcript
College Transcript
Letter from President of Fire Department/Auxiliary
Copies of Awards and Certifications
Essay

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