



APPLICATION FOR MONTICELLO FIRE DEPARTMENT ANNUAL SCHOLARSHIP



STUDENTS NAME: _____ GRADUATING CLASS OF: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

FIREFIGHTER'S NAME: _____ RELATIONSHIP: _____

YOUR PRESENT SCHOLASTIC AVERAGE: _____

LIST PARTICIPATION IN COMMUNITY/SCHOOL ACTIVITIES: _____

1ST CHOICE:

LIST COLLEGE OR UNIVERSITY OF CHOICE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ACCEPTED: _____ PENDING: _____

2ND CHOICE:

LIST COLLEGE OR UNIVERSITY OF CHOICE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ACCEPTED: _____ PENDING: _____