

MARTIN J. RENWICK MEMORIAL SCHOLARSHIP APPLICATION INSTRUCTIONS

Dear Applicant:

Thank you for your interest in applying for the scholarship offered by the Scappoose Volunteer Firefighters Association. This scholarship is awarded to a graduating senior of the Scappoose School District or graduating senior of a volunteer/employee of the Fire District. The amount and number of scholarships will be determined each year by the Association as monies become available. If a suitable candidate is not found, the Association reserves the right not to award a scholarship. Your school counselor will have discussed the content and criteria involved in applying for the scholarship, however, the criteria are reviewed below:

Required criteria:

1. Use of the scholarship is to begin within the academic year following your high school graduation and is to be used continuously until exhausted excluding summer breaks. Any monies not utilized in this manner will be returned to the scholarship fund.
2. The applicant must meet one of the following:
 - a) Be a dependent of a past or present member of the Scappoose Volunteer Firefighters Association.
 - b) Entering the field of medicine, law enforcement, or the fire service.

The application should be filled out as completely as possible.

Please type or print the information requested in the space provided.

If there is insufficient space to complete an answer you may attach a separate sheet of paper noting the section title at the top.

You must include **one** personal reference letter and may include up to three from people not related to you. These could be an employer, pastor, teacher, organization leader or other. In the letter they should include a phone number or place where the committee may contact them.

Applications are due April 28 by 4PM. If you have any further questions regarding this application or the scholarship, please contact your school counselor. Thank you again for your interest and GOOD LUCK!

SCAPPOOSE VOLUNTEER FIREFIGHTERS ASSOCIATION

Martin J. Renwick Memorial Scholarship Form

(**this form** must be filled out and returned to

Scappoose Fire Station)

Application due April 28 by 4PM.

PERSONAL INFORMATION

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Parent or Guardian: _____

Are you related to a member of the Scappoose Volunteer Firefighters

Association? _____ If so, whom? _____

What are/were their dates of service? _____

SCHOLASTIC INFORMATION

Current GPA: _____

List school organizations and activities you are involved in:

List any scholastic awards you have received:

GENERAL INFORMATION

What schools are you considering and what is your intended major?

What are your career goals and plans?

Community Organization Involvement

Job History

Signature: _____

Date: _____