

Township of Washington Volunteer Fire Department 656 Washington Avenue Township of Washington, NJ 07676

Township of Washington Volunteer Fire Department SCHOLARSHIP APPLICATION-2017

STUDENTS: Application packets must be postmarked no later than Monday, May 02, 2017

APPLICANT: 1. Full Name: Middle Last First 2. Home Address: City State Zip 3. Phone #: 4. Date of Birth: 5. Last 4 Digits of Social Security #: 6. Name of High School: City State Zip Year and Month of Anticipated High School Graduation: Month Year 7. Highest ACT Score: Highest Combined SAT Scores: Reading+ Writing= Math+

you have applied for early decision at any college, please indicate same.					
College Name	<u>Address</u>	Early Decision	<u>Accepted</u>		
9. Have you selected a ma	jor? If so, what major ar	nd why? If not, explain.			
10. List and describe all Hor	nors, Prizes, and/or Awar	ds which you have won to	date.		
<u>Name</u>	Desc	ription	Date Awarded		

8. List the name and address of each college to which you have applied, noting acceptances received. If

 Describe your work activities du outside employers, as applicable 		ears. Include wor	k for your family, at hom	ne, or	
2. List all high school activities, det	ailing your participati	ion, leadership p	ositions, and time spent	on each.	
<u>Activity</u>	<u>Leadership Posit</u>	<u>Leadership Positions Held</u>		Hours per month	
3. List all volunteer activities you h	nave participated in a	nd note the hour	s per week/month/year	for each.	
<u>Activity</u>	Hours per week/month/year				

	•	the selection committee, please indicate here. If you
ne	eed additional space, please use a separate pi	lece of paper.
1. 2. 3. 4.	service to our community has affected you Verify a record of volunteer service to the from at least one community organization	high school grades through February 1. vaiting official transcript. ou have received. of approximately 500 words describing how your
KNO\ MAY	DISQUALIFY ME FROM CONSIDERATION	VILLFUL MISREPRESENTATION OF ANY FACT
	STMARKED NO LATER THAI	
Date		Signature of Applicant
Date	ed:	Signature of Applicant Signature of Parent/Step-parent/Guardian

PLEASE MAIL COMPLETED APPLICATION PACKAGE TO:

Scholarship Committee
Township of Washington Volunteer Fire Department
PO Box 1010
Township of Washington, New Jersey 07676