



# SCHOLARSHIP APPLICATION

SPONSORED BY: SWEET HOME FIRE WOMEN'S ASSOCIATION

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## MEDICAL SCHOLARSHIP

Fire Science / EMT / Nursing / Radiology / Dental / Nutrition Program  
(NOT limited to these fields)

### ELIGIBILITY

1. Must be a Female attending Sweet Home High School who is a student in her senior year or a graduate of SHHS.
2. Pursue a certificate program, degree program or transfer program in the area of Medicine.
3. Have a minimum accumulative GPA of 2.5.
4. Complete the application form secured from the Guidance Office of Sweet Home High School.
5. Have the form turned into the office by the due date.
6. Include two letters of recommendation from a teacher, administrator or employer.
7. Include a transcript of grades.
8. Post High School or renewal applications will also be considered.

### CONDITIONS OF AWARD

1. Amount of the award will be \$500. Checks will be distributed and made payable to the attending school.

### CRITERIA FOR SELECTION

1. A selection committee will consist of
  - a. Fire Chief
  - b. SHFD Women's Association President
  - c. SHFD Women's Association Secretary/Treasurer
  - d. One member of SHFD Women's Association, chosen by the Association President
2. Criteria for selection
  - a. Financial need
  - b. Participation in academic, community or school sponsored activities

### INSTRUCTIONS

1. Complete the application, with the requested information on the following pages.
2. This application is due in the High School guidance office no later than May 1<sup>st</sup>.
3. FAFSA needs to be filed.



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## APPLICANT INFORMATION

DATE: \_\_\_\_\_ APPLICANT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_

CURRENT GPA: \_\_\_\_\_ OTHER SCHOLARSHIP ASSISTANCE?  YES  NO AMOUNT: \_\_\_\_\_

NAME, OCCUPATION & COMPANY WHERE EMPLOYED:

GUARDIAN 1: \_\_\_\_\_

GUARDIAN 2: \_\_\_\_\_

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## EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

TERM BEGINS: \_\_\_\_\_ YEAR OF GRADUATION: \_\_\_\_\_

TUITION PER TRIMESTER/SEMESTER: \_\_\_\_\_  T  S PAYMENT DUE DATE: \_\_\_\_\_

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## CHARACTER REFERENCES: (MINISTER, EDUCATOR, SUPERVISOR, MENTOR ETC.)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ YRS KNOWN: \_\_\_\_\_

EMAIL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ YRS KNOWN: \_\_\_\_\_

EMAIL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_





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**WRITE A BRIEF STATEMENT DISCUSSING YOUR EDUCATIONAL AND CAREER GOALS**


**WRITE A BRIEF STATEMENT ON YOUR FINANCIAL NEED**


Have you filed a FAFSA?	If so when?
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**WORK EXPERIENCE**

Company Name

Dates Employed

Company Name	Dates Employed



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## FINANCIAL INFORMATION

RESOURCES	\$ Amount	EXPENSES	\$ Amount
Net Income Monthly		Tuition	
Child Support Income		Books & Supplies	
Savings		Rent/House payment	
Grants		Food/Utilities	
Loans		Child Care	
Other Income		Medical/Dental	
Parents (Help for student)		Transportation	
Other non taxed income		Personal	
Other:		Loan/Credit card payments	
		Insurance Premiums	
		Other:	

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date