



**APPLICATION FOR THE THOMAS M. CALLIHAN FIRE SCIENCE MEMORIAL SCHOLARSHIP
SPONSORED BY THE MONTICELLO FIRE DEPARTMENT**



STUDENTS NAME: _____ GRADUATING CLASS OF: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

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: _____

ATTACH ADDITIONAL INFORMATION AS NECESSARY

Revised: 02/04/13