

MONTICELLO FIRE DEPARTMENT SCHOLARSHIP

NAME: MONTICELLO FIRE DEPARTMENT SCHOLARSHIP

LENGTH: TWO (2) SCHOLARSHIPS ANNUALLY

AMOUNT OF SCHOLARSHIP: 1ST. PLACE - \$1,000.00
2ND. PLACE - \$ 500.00

CONTROL OF FUND: COMMITTEE APPOINTED BY THE MONTICELLO FIRE DEPARTMENT

TYPE:

1. The scholarship will be presented at graduation. All monies will be awarded upon successful completion of a fall semester and proof from a recognized college of higher education stating the student is enrolled for the spring semester.
2. In the event of a tie between two students, the Selection Committee will determine which student shall receive the scholarship.

CRITERIA:

1. Student must be a graduate of the Monticello High School.
2. The student must be either a member on restricted status and/or the child of an active member or a child of a life member of the Monticello Fire Department, as defined in the By-Laws of the Monticello Fire Department. The active member or restricted member must have successfully completed one year as a member of the Monticello Fire Department.
3. In the event there is no eligible active restricted member or child of an active member, a grandchild may be considered for the scholarship. The grandparent must meet the active requirements and/or life member requirement as defined in the By-Laws of the Monticello Fire Department.
4. The student must have maintained a scholastic average of 85 or higher.
5. The student must have shown participation in community/school activities. (I.e. Thanksgiving food drive, Key Club, Interact, etc.)

SELECTION PROCESS:

1. The Selection Committee is to consist of the Principal, a Guidance Counselor and a Faculty member.
2. The Monticello Fire Department Scholarship Committee will only verify the member's status as defined by the By-Laws of the Monticello Fire Department.

Revised: 02/04/13

1/27/13



APPLICATION FOR MONTICELLO FIRE DEPARTMENT ANNUAL SCHOLARSHIP



STUDENT'S 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: _____