## Mid-Plains Mutual Aid Fire District Scholarship

NAME:			
Last	First	Middle	
ADDRESS:	CITY	ST	ZIP
TELEPHONE: ( )	MINISTER CONTRACTOR CO		
DATE OF HIGH SCHOOL GRADUATI	ON:		
GRADE POINT AVERAGE:			
SCHOOL ACTIVITES: (If more room is	s required, please attach a	separate pie	ce of paper)
Honors/ Awards:			
Student Government:		<del></del>	
Athletics:		***************************************	
		<b>3</b>	
School Clubs/			
Organizations:		***************************************	
Community Clubs/ Professional Organ	izations:		
2 *			

COLLEGE APPLICATION MADE TO: (List Colleges and Addresses)			
1.	Date of Enrollment:		
2.	Date of Enrollment:		
3.	Date of Enrollment:		

PLEASE ATTACH A 1 PAGE MINIMUM ESSAY ABOUT YOUR FUTURE PLANS: