Omission of <u>any</u> criteria requirements will result in your application being discarded, please be sure to include all requested information.

## **Southwest Mutual Aid Fire District**

## SCHOLARSHIP APPLICATION

NAME:			
(LAST)	(FIRST)		
CURRENT ADDRESS: _			
CITY:	STATE:	ZIP:	
PHONE:( )	HOME ( )	WORK	
HIGH SCHOOL OR COL	LEGE ATTENDING		
DATE OF HIGH SCHOO	L GRADUATION:		
GRADE POINT AVERAG	<b>EE</b>		
SCHOOL ACTIVITIES A	ND YEARS INVOLVED:		
HONORS/AWARDS:			
LEADERSHIP POSITION SERVED:	NS/YEARS		

ATHLETICS:			
VOLUNTEER ACTIVITIES/ORGANIZ	ZATIONS:		
	G OR APPLICATION MADE TO	_	
ADDRESS:			
		ZIP:	
	NT:		
		OF YOUR EDUCATIONAL OBJECT, GRADE POINT AVERAGE IN HIC	
(Signature)		(Date)	

Thank you for applying for this scholarship through the Southwest Mutual Aid Fire District and good luck with your future college goals.