

# **Conway Firemen's Auxiliary**

## **Scholarship Application**

The Conway Firemen's Auxiliary annually awards up to (2) scholarships of up to \$500 each. Awards are given out in May. Applicants must be:

- A Conway resident
- A Senior in high school

Primary consideration will be given to students who are.

- Involved in community service, work, or extracurricular activities.
- Planning to further their education in either college, trade school, or a certificate program.

Secondary circumstances the Auxiliary will consider are.

- Grades
- Family financial situation

Deadline for application: **First Friday in May**

Submit application to: Conway Firemen's Auxiliary  
P.O. Box 46  
Conway, MA 01341

**Conway Firemen's Auxiliary**  
**Scholarship Application | Applicant information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

*Please provide answers to the following questions. Use an additional sheet of paper if necessary.*

**Provide an overview of classes you've taken both in and out of high school?**

**What is the toughest thing you've ever had to learn?**

**What are your postgraduate plans? i.e., college, trade school, program you are entering?**

**Please list your community service, extracurricular, or work experiences and elaborate on one.**

**If you have extenuating financial circumstances, please explain them.**

**If there is any question that you wish we had asked, please ask and answer it here.**

**Conway Firemen's Auxiliary**  
**Scholarship Application | Reference form**

*To the applicant: We request two (2) recommendations from non-relatives in sealed, signed envelopes. Your reference can either write a letter that explains their relationship to you, the length of your relationship, and comments on your character, or you can have your reference complete the form on this page.*

Name of Student: \_\_\_\_\_

Name of reference: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

**Please comment below on the applicant's character and explain why you believe they deserve to receive this scholarship. Use an additional sheet if necessary.**

**Conway Firemen's Auxiliary**

**Scholarship Application | School report**

*This form must be completed by a guidance counselor or other appropriate individual (principal, dean, etc.)*

Name of school: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Please print or type your name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_