

Conway Firemen's Auxiliary Scholarship Application

The Conway Firemen's Auxiliary annually awards up to (2) scholarships of up to \$250.00 each. Awards are given in May. Applicant 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
PO Box 46
Conway, MA 01341

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're entering into

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

If you have any 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 are requesting two (2) recommendations from non-relatives in sealed, signed envelopes. You 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 character of the applicant, 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: _____