



Township of Washington Volunteer Fire Department
656 Washington Avenue
Township of Washington, NJ 07676

Township of Washington Volunteer Fire Department SCHOLARSHIP APPLICATION-2019

STUDENTS: Application packets must be postmarked no later than Monday, May 06, 2019

APPLICANT:

1. Full Name:
Last First Middle

2. Home Address:

City State Zip

3. Phone #:

4. Date of Birth:

5. Last 4 Digits of Social Security #:

6. Name of High School:

City State Zip

Year / Month of High School Graduation: Month: Year:

7. Highest ACT Score:
Highest SAT Scores:

14. If you have any information you feel may assist the selection committee, please indicate here. If you need additional space, please use a separate piece of paper.

15. Please submit this Application with the following item attached:

1. Copy of SAT Results.
2. Official High School transcript showing all high school grades through February 1.
Will accept non-official transcript while awaiting official transcript.
3. Copy of all College letters of acceptance you have received.
4. A typed, signed statement of approximately 500 words describing how your service to our community has affected your life.
5. Verify a record of volunteer service to the citizens of the Township of Washington, NJ with a letter from at least one community organization where you volunteered certifying your service and the approximate number of hours of volunteer service you provided each year you volunteered.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY WILLFUL MISREPRESENTATION OF ANY FACT MAY DISQUALIFY ME FROM CONSIDERATION.

I UNDERSTAND THAT THIS APPLICATION PACKET MUST BE POSTMARKED NO LATER THAN Monday, May 06, 2019.

Dated:

Signature of Applicant

Dated:

Signature of Parent/Step-parent/Guardian

PLEASE MAIL COMPLETED APPLICATION PACKAGE TO:

Scholarship Committee
Township of Washington Volunteer Fire Department
PO Box 1010
Township of Washington, New Jersey 07676