

Woodstock Fire Department and Ladies Auxiliary  
Application for Scholarship – due **Friday, May 7<sup>th</sup>**.

|                |                    |
|----------------|--------------------|
| Surname: _____ | Given Names: _____ |
| Address: _____ | Town: _____        |
| Phone: _____   | Postal Code: _____ |

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Father's Name: _____                  | Mother's Name: _____                  |
| Father's Place of<br>Employment _____ | Mother's Place of<br>Employment _____ |

Please Indicate if your Father or Mother (or grandparent) is a member of the Fire Department  
Yes \_\_\_\_\_ No \_\_\_\_\_

Name of member \_\_\_\_\_

Please specify Your Planned Program, Approximate Cost/Year, and # of years to Complete

University/Technical Course: \_\_\_\_\_ Approx. Cost/Year: \_\_\_\_\_ # of Years: \_\_\_\_\_

Grade 12 January Avg. \_\_\_\_\_

Scholarships or Honors Won: \_\_\_\_\_  
\_\_\_\_\_

Extra-Curricular Activities: \_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_  
Date: \_\_\_\_\_

**Return this completed form to Mr. Wright in the Guidance Office by May 7th**