Woodstock Fire Department and Ladies Auxiliary Application for Scholarship – due Friday, May 7th.

Surname: Given Names: Address: Town: Postal Code: Phone: Postal Code: Father's Name: Mother's Name: Father's Place of Mother's Place of 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		
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