

VINLAND FIREFIGHTERS MEMORIAL SCHOLARSHIP APPLICATION

This scholarship is made available in recognition of the service of past Town of Vinland Firefighters by the Vinland Firefighters Memorial Scholarship Fund in the amount of \$500.00 dollars to current residents of the Town of Vinland for the purpose of further education or training in their chosen career or field of endeavor. Requirements for eligibility for this scholarship award are as follows:

- A.. Current resident of Town of Vinland
 - 1. Resident at time of application
 - 2. Projected to be resident (or dependent resident) for academic period for which application is being made

- B. Age of Eligibility
 - 1. Current high school senior
 - 2. Any current resident of the Town of Vinland, 18 years of age or older

Qualified Course(s) of Learning

- A. Any course of formal learning/training beyond high school
- B. Recreational/hobby-type areas of classes/training will not be considered for this scholarship

I. APPLICATION REQUIREMENTS

- 1) Fill out application form completely and sign. (Paper will be required for additional information)

- 2) In 200 words or less, clearly explain how this scholarship will assist you in achieving your career goals. State the total amount of funds required to achieve your career goals and how you expect to obtain these funds. Essays must be typed or printed neatly and submitted with your completed application.

- 3) If selected, indicate what educational program or training you are planning on pursuing.

- 4) Indicate what, if any, classes, training, or experience you have to date relating to your chosen field of endeavor.

- 5) Describe recent volunteer experience, work experience, community activities, school activities or any other activities you feel will be of interest to the Scholarship Award Committee when considering you for this scholarship.

- 6) Applicants must provide two (2) letters of recommendation; one must be from a supervisor, faculty member or other individual familiar with applicant's work habits and qualifications for their chosen area of study; the other should be from a member of the community familiar with the applicant's general activities in the community, personal interests and overall demeanor. Family members should not be used as references.

- 7) Application must be postmarked by: March 1st of the year application is being made

- 8) Completed application and additional required information shall be mailed to:

Attn: Chief Jay Schmoker
Vinland Firefighters Memorial Scholarship Fund
4212 Brooks Rd.
Oshkosh, WI 54904

II. APPLICANT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

Resident of the Town of Vinland since: _____

III. FAMILY FINANCIAL INFORMATION

Applicant's (or applicant's household) Adjusted Gross Income (IRS Form1040): _____

Adjusted Annual Gross Income of Parent(s)/Guardian(s) from IRS Form 1040 (if applicable):

- Under \$30,000
- \$31,000 to \$50,000
- \$51,000 to \$75,000
- \$76,000 to \$100,000
- Over \$100,000

Number of members in household: Adults: _____ Dependents: _____

I certify that all the information on this form and provided as part of this application is true and complete to the best of my/our knowledge. If asked by any authorized member of the Scholarship Award Committee, I agree to provide documentation for information given on this form including copies of federal or state income tax returns if needed. I realize that failure to comply with a request for further information may prevent the applicant from being considered. I understand that all financial information will be kept confidential for review solely by the Vinland Firefighters Memorial Scholarship Award Committee.

Parent(s)/Guardian(s) Signature (if applicable): _____

Applicant's Signature: _____

Date Submitted: _____