MIDDLEPORT FIRE DEPARTMENT MR. ED'S ATHLETIC CLUB SCHOLARSHIP AWARD APPLICATION FORM

Please complete this application and return it to the Roy-Hart High School Guidance Office or the Middleport Village Hall (24 Main St., Middleport, New York) no later than May 15 of each year. Thank you.

APPLICANT NAME: _				
STREET ADDRESS:				
CITY:		STATE:		ZIP:
TELEPHONE NO. ()			
STATUS (check one):	GRADUATING ROY-HART ROY-HART GRADUATE FULL-TIME COLLEGE STU			
NAME OF COLLEGE Y	OU WILL/ARE ATTEND(IN	G)		
ADDRESS:				
CITY:	STA1	ΓΕ:		ZIP:
TELEPHONE NO. ()			
COURSE OF STUDY:				
DO YOU PLAN TO WO	ORK WHILE ATTENDING C	OLLEGE:		
WHERE DO YOU PLA	N TO LIVE? AT HOME:		OFF CAME	PUS:
			ON CAMP	US:

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High School and/or college extracurricular activitie	s:
Academic and/or college awards and honors:	
Community and civic activities:	
Other information that you feel will be beneficial to as necessary).	o the selection committee (use extra sheets
AFFIRMATION: I hereby certify that all material submitted in this ap knowledge. I further agree to return all awarded fund to complete the fall semester immediately following recommendately.	s to the Middleport Fire Department should I fail
Signature of applicant	date