

**Michigan Firemen's Memorial Festival Committee**  
**\$1000.00 Scholarship Program**

**Application Criteria:**

Applicant must be planning to attend or attending a school/program located in the State of Michigan. It is preferred but not mandatory to be considering education in the following Programs:

Fire Science/ DNR Services; Paramedic/EMS services;

Medical Education (Nursing, P.A., Physician etc.) Any Public Safety Services.

Completed Application must be signed and dated by Applicant.

Two Letter of recommendation Required.

Current/most recent transcript of grades.

**Deadline: March 30, 2020**

**Mail completed application with all required information to:** MFMFC Scholarship Program  
P.O. Box 672  
Roscommon, MI 48653

Michigan Firemen's Memorial Festival Committee  
Scholarship Application

**Contact Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Education Information**

Name of High School \_\_\_\_\_ Graduation Yr. \_\_\_\_\_ GPA \_\_\_\_\_

Intended Program of Study \_\_\_\_\_

Brief Statement Explaining Career Goals and/or Plan of Study (may use additional paper if needed) \_\_\_\_\_

Extra-Curricular Activities and Clubs \_\_\_\_\_

Connection to Fire Department (if any) who and where \_\_\_\_\_

Chosen School/Program: \_\_\_\_\_ Date of Entry \_\_\_\_\_

I certify that all the information given on this application is correct. I understand that the Michigan Firemen's Memorial Festival Committee will review my application, recommendations, and transcripts to decide on granting the scholarship.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_