



Salida Fire Department Women's Auxiliary

Scholarship Application

Number of Awards: Up to three scholarships will be awarded each year to graduating seniors, or seniors who have graduated from high school in the current year, in the amount of \$500.00 each.

Eligibility: The student and/or immediate family (parents/legal guardians) must reside in the Salida Fire Department District or be actively involved in the Salida Fire Department. All eligible graduating seniors must submit a completed application, 3 letters of recommendation (teachers, employers, community leaders, etc., no family members), a 300-400 word essay defining educational and career objectives and an official high school transcript . Documents are to be submitted and post-marked by April 1st of the current year to the following address:

Salida Women's Auxiliary
P O Box 1131
Salida, CA 95368

Salida Fire Department Women's Auxiliary High School Scholarship Application

To be completed by student:

Applicant Name _____
Data Street Address _____
Telephone Number _____ Date of Birth _____

Parent(s) or Name _____
Guardian(s) Street Address _____
Telephone Number _____

High School Name _____
Data Address _____
Date of Graduation _____

College(s) Name _____ City _____ State _____
Data Name _____ City _____ State _____
Name _____ City _____ State _____
__4 yr college __2 yr college __vocational school __other (explain) _____

High School List high school activities you participated in, number of years, special awards, offices held
Activities Activity No. of years Special Awards/Offices Held

Community List community activities you participated in, number of years, special awards, offices held
Activities Activity No. of years Special Awards/Offices Held

Work Experience	List work experience in the last four years			Hours per week
	Employer	Position	From mo/yr to mo/yr	

Applicant Certification I certify I meet the basic eligibility requirements for this scholarship and the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form.

Applicant signature _____ Date _____

To be completed by high school official:

1. Applicant ranks _____ out of a class of _____.
2. Cumulative GPA of applicant's sophomore year through first semester of senior year _____
3. Is applicant a life member of C.S.F.? _____ If not, how many semesters? _____

An official transcript of grades must be sent with this application.

School Official's Signature _____ Date _____ Title _____
 School Official's Address _____ Telephone _____