Allegany & Garrett Counties

Volunteer Fire & Rescue Association

P.O. Box 935 Frostburg, MD 21532

**Finished Applications can be mailed to:**

**Rod Bowser**

**Attn. Scholarship**

**P.O. Box 14**

**Friendsville, MD 21531**

**Or**

**Jonathan Dayton**

**Attn: Scholarship**

**2291 Shades Ln Apt #3**

**Cumberland, MD 21502**

**Allegany & Garrett Counties Volunteer Fire and Rescue Association**

**Patricia A. Bowser Memorial Emergency Services Scholarship Application**

**Who can apply?**

**Anyone who volunteers at a local fire department, EMS department or hospital facility.**

**High school seniors, planning to attend college in the Fall Semester and Current college students.**

**Name:**

**Age:**

**Address:**

**Name of High School:**

**GPA (On a 4.0 scale):**

**Volunteer Fire Department, EMS Department or Hospital where you volunteer:**

**Length of time you have volunteered:**

**Scholarships Already Received:**

**Colleges/University Planning to Attend. Ranked 1-5 and estimated cost per semester.**

**1.**

**2.**

**3.**

**4.**

**5.**

**Current Employment :**

**Name of employer:**

**Length of time on the job:**

**Contact name of supervisor:**

**Contact number of supervisor:**

**Volunteer and Community Involvement:**



**Why do you volunteer? (100 words max)**

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**Who is your hero, explain? (200 words max)**

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**Give a brief description of your life story to this point, and what you plan to do following graduation. (350 words max)**

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**Please include the following:**

1. **High School Transcript or College**
2. **Acceptance letter of all colleges or universities listed above**
3. **Documentation of volunteer organization; this could be a copy of membership card, any letter from organization where you volunteer, on company letterhead, and includes your name, service, and duties.**

**If documentation can’t be provided, please include a contact name and number for verification.**

1. **One letter of recommendation, this can be anyone who has witnessed your progress through life, may include family.**
2. **Resume.**

**Everything stated above is true to the best of my knowledge. If any piece of this document is to be found false, the AGCVFRA Scholarship Committee has the right to terminate the scholarship application immediately and this applicant is no longer eligible to apply again within his/her secondary education. If you agree to this statement sign and date below.**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If under 18 years of age**

**Full guidelines can be found on the AGCVFRA website: www.agcvfra.net**