Addison Township Firefighter's Association presents:

Attn: Scholarship Committee 4026 Forest St. Leonard, MI 48367

Chuck Johnson Scholarship Grant Application:

The Addison Township Firefighter's Association has established a scholarship grant program in honor of late Sgt. Chuck Johnson. An award of \$1,000.00 will be made to Oxford High School graduate(s) to assist in paying tuition at a two year or four-year accredited college, university, or technical school. Funds will be sent directly to the Financial Aid Office of the educational institute the applicant will attend.

Award winners will be notified by telephone and mail. They will receive a certificate of the scholarship and recipients further permit the firefighter's association to release their name to the media in a press release following the award.

Applicants must be in the 12th grade and have credits to graduate from high school and have applied to or

ELIGIBILITY:

been accepted to an accredited college of			
GPA) Awards will be made or			fire science or
related field in the fire service, emergence	cy medical service, or e	mergency management.	
Name			
(Last)	(Middle)	(First)	
Address			
Telephone Number			
Which schools have you been accepted:	·		
Which school do you plan to attend?			
When do you plan to enter school?			
Have you applied for any other scholars	hips? Yes/No		
If so, which ones?			

Chuck Johnson Scholarship Grant Application continued:

Occupation of father:	Age:	
Occupation of mother:	Age:	
Number of children in family (Older	Younger)	
Are you presently employed? If yes, w	here?	Weekly hours
Amount you have saved towards college expens	es:	
How have you spent the last two summers?		
How do you plan to spend this summer:		
Will you work while in school?		
List your extracurricular activities. Be sure to incommunity. (Continue on an additional sheet if	necessary)	

Chuck Johnson Scholarship Grant Application continued:

ESSAY: Help us get to know you better. Attach a one to two page essay (typed) about yourself and your future goals. On a separate sheet please provide a personal statement describing the following:

- Your personal goals
- Your professional goals
- Special or unique circumstances that you would like the Grantee Selection Committee to consider
- Awards and achievements in school, your community, etc

1) Name _____

And a

- Statement of personal need
- Statement on the topic "How can I be an asset to the community through the education that I am seeking"

List the names of three (3) responsible individuals who could comment favorably on your character, academic qualifications, and the contributions you have made to your school and/or your community and would be willing to write a recommendation on your behalf. One (and only one) of these three people must be a teacher. Please request that these letters of recommendation be returned to you in a sealed envelope before the deadline date established by the counseling office. You should supply them with an envelope for this purpose.

Just a reminder, it is your responsibility to be sure all letters and required information is received by the counseling office prior to the deadline.

	Address	Phone
2)	Name	Title
	Address	Phone
3)	Name	Title
	Address	Phone
		A copy of your high school transcript must be attached.
$A_{]}$	pplications a	e in the counseling office on or before April 12th, 2024NO EXCEPTIONS!
Parent signatures:		Student signature:
		Date: