CLACKAMAS EMERGENCY SERVICES FOUNDATION'S ART JOHNSTON MEMORIAL SCHOLARSHIP APPLICATION

Directions: Please review the application in its entirety. Complete ALL SECTIONS of the application in order for the application to be considered. **Applications are due by May 5, 2017** at the Administration Office of Clackamas Fire District #1, 11300 SE Fuller Road, Milwaukie, OR.

A.	PERS	SONAL DATA				
	Name of Applicant:		_ Social Security Number:			
	Perm	nanent Address (Street/Box, City, State, Zip):				
	Telep	ohone:	_			
	Birth	place:	_ Date of Birth:			
B.	ELIG	GIBILITY				
	Indica	ate your eligibility to be considered for an educational grant				
	Name	e of Employee to whom you are related	Relationship			
	Name	e of Volunteer to whom you are related	Relationship			
	Name	e of District resident	Address			
C.	EDUCATION PLANS					
	1.	(Attach Curriculum Program)				
	2.	Date course(s) begin:/ 3. Date course(s) end:/				
	3.	Name of college or university offering your course of study:				
	4.	Year in College or University:Freshman	SophomoreJuniorSenior			
	5.	Quarter Semester				
D.	ADDITIONAL INFORMATION					
	1.	Explain why you want to take the course of study for which you seek a grant and how it relates to the mission of the Foundation. Be sure to describe how the training and knowledge will be useful to you and the community, particularly in achieving your employment goals and how it relates to the mission of the Foundation. This statement is carefully evaluated by the Scholarship Selection Committee, appointed as a sub-committee of the Board of Trustees. Please be specific. The quality of your response is significant (use a separate sheet(s) of paper for your description).				
	2.	Include a list of school activities, plus any clubs, awards or honors				
	3.	Include a list of community activities				
	4.	Provide a personal statement (one page)				
	5.	Provide a transcript of grades				
E.	EDUCATION AND EMPLOYMENT EXPERIENCE					
	1.	High School Diploma (year):YesNo	GED Certificate; GPA			
	2.	Additional education or training:				

Employer:					
Employer:			Address:		
Duties:					
Date Hired/Ended:		Telephone Number:			
Employer:			Address:		
Duties:					
Date Hired/Ended:		Telephone Number:			
REFERENCES (F	Please do not inclu	de relatives)			
Name:		Address:	Phone:	_ Relationship	
Name:		Address:	Phone:	Relationship	
FDUCATION RU	DGFT (List the	direct educational expense	s and courses of funds you expect for the co	urco(c)•	
EDUCATION BUDGET (List the direct educational expenses and sources of funds you expect for the course(s):					
EX	PENSES	AMOUNT	SOURCE OF FUNDS	AMOUNT	
Tuition		\$	Personal Earnings	\$	
Fees		\$	Government Allowances	\$	
Books & Supplie		\$	Other Grants	\$	
Campus-related		\$	Other Income (i.e. parents)	\$	
Campus-related		\$	Scholarships	\$	
TOTAL EXPEN	SES	\$	TOTAL SOURCE OF FUNDS	\$	
			State/Federal Student Loans		
submit a copy of t period.	of the course of the certificate of	of completion or grade	State/Federal Student Loans Foundation has approved a grant, the etranscripts to the Foundation, on a and an analysis of the state of		

Signature of Applicant:

Date:_____