

## Plato Fire District Scholarship Application

### Qualifications:

1. The applicant must be enrolling in an institution of higher education (vocational school, college or university, etc).
2. The applicant possesses a GPA of 2.5 or better on a 4.0 scale.
3. The applicant is a dependent child of a resident of the Plato Fire District or an heir of a current or fully vested member of the Plato Fire Department.

Note: This scholarship will be awarded, however funds will not be disbursed until after the completion of the first semester at the secondary school. Grade Transcript and Fee Statement for the first semester must be submitted to PFD Scholarship Committee, P.O. Box 147, Plato, MN 55370

### Applicant Data:

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

#### MAILING ADDRESS:

STREET or P.O. BOX: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### RESIDENCE IN THE PLATO FIRE DISTRICT:

PARENT/GUARDIAN NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### POST SECONDARY SCHOOL DATA:

Name of the Secondary School for which the financial aid is requested.  
(If it is unknown, please list in order of preference the schools to which you have applied.)

School: \_\_\_\_\_ City/State: \_\_\_\_\_

School: \_\_\_\_\_ City/State: \_\_\_\_\_

What is your planned major? \_\_\_\_\_

Why have you chosen this major?

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Why have you selected this school?

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List the school activities you participated in during your high school years. What honors or awards have you received?

<u>Activity</u>	<u># of years participated</u>	<u>Honors or Awards</u>

List your employment history/work experience:

<u>Company</u>	<u>Dates: From/To</u>	<u>Hours worked per week</u>

Are there any unusual family or personal circumstances that you would like us to consider that have affected your school activities, work experience or achievements?

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To be completed by High School Counselor or Counseling Secretary:

Please have this section completed prior to turning your application in.

Student's Cumulative GPA: \_\_\_\_\_

High School Name: \_\_\_\_\_

Counselor or Counseling Secretary Signature: \_\_\_\_\_

Date: \_\_\_\_\_