

**APPLICANT'S PARENT OR GUARDIAN
MUST BE EITHER AN ACTIVE OR
RETIRED MEMBER OF THE
DEPARTMENT TO BE CONSIDERED
FOR THE SCHOLARSHIP.**



Shiner Vol. Firemen's Auxiliary - Shiner, TX

Application for Education Grant

Last Name (Print or Type) First Middle Date

Address City State Zip

Name of Parents or Guardians _____

I hereby make this application for a grant in the amount of \$250.00 to be used partially to support me while attending _____ (School of Choice) with the intention of majoring in _____ (Field of Choice).

Other Scholarships _____ Amount _____

Father's Employer _____ Occupation _____

Mother's Employer _____ Occupation _____

Age of sibling being supported by parents : _____

The following items must be included with this application:

- 1) A statement, in 200 words or less, that gives your personal reason for applying, including how the receipt of this scholarship will effect the decision to further your education.
- 2) A letter which best substantiates your case for "grant need" and "potential" from an outside source only, i.e., school of acceptance, priest or pastor, teacher, employer (past or present), etc.
- 3) Transcripts for a minimum of the last two years.

I declare upon my honor that the above information and the attachments are all true and correct to the best of my knowledge and belief.

Signed _____ Date _____

Recommended and signed by:

School Counselor or Official

Auxiliary President

APPROVED / DISAPPROVED

Shiner Vol. Firemen's Auxiliary - Scholarship Chairman