



# Bath Fire Association Scholarship

2024

## To apply for this scholarship:

- Send a typed written essay explaining to the scholarship committee what your future goals are and how you intend to achieve them, including steps you have taken to prepare yourself for attaining these goals.
- Attached list of extra-curricular activities which you participate in and how many years you have done so (ex. Student Government, Sports, Volunteer programs, 4-H, etc.).
- Attached two (2) letters of recommendation on your behalf.
- Plus, copy of your high school transcript.

This scholarship will be awarded at the discretion of the Bath Fire Association Scholarship Committee, based on the preceding guidelines. Preference will be given to Bath Residents and those going into the Fire or Medical fields.

Scholarship pay is contingent upon successful completion of the fall semester. The winner(s) must present to the committee a copy of their fall semester grades.

Applications may be sent via email to [bath.fire.department@gmail.com](mailto:bath.fire.department@gmail.com) or mailed to Bath Fire Association at PO Box 169 Bath, NH 03740.

Scholarship application, transcript and letters of recommendation must be sent to us or postmarked by 5/5/2024.

Name: \_\_\_\_\_, \_\_\_\_\_ M.I.  
Last First

Permanent mailing address:

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
E-mail

Phone: \_\_\_\_\_

~Years attending Bath School: \_\_\_\_\_ ~High School you are graduating from: \_\_\_\_\_

~School you will be attending: \_\_\_\_\_ ~Major course of study: \_\_\_\_\_

~Do you belong to a Fire Department: \_\_\_\_\_ ~If yes, Which one? \_\_\_\_\_

~Do you have a family member in the Bath Fire Department? \_\_\_\_\_

~If so, who and what is your relation? \_\_\_\_\_

~Do you currently have a job? If so, where? \_\_\_\_\_

~Do you plan on working during your study? \_\_\_\_\_

CERTIFICATION: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact high school for additional academic information.

Signature: \_\_\_\_\_

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