



JAMES M. PELTON MEMORIAL SCHOLARSHIP

Presented by the Mason Firefighters' Association

Application

All applications must include:

1. An official transcript, certified by the school that includes academic records.
2. ACT or SAT test scores. These may be photocopied
3. Two letters from non-family members. These may be from teachers.
4. A written letter, double spaced, 12pt font, explaining why you should be considered for our scholarship.

Applicant

Full Legal Name: _____ Phone Number: _____

Address: _____

Education

High School(s) Attended:

Name of School(s)	City	Years Attended
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Academic Year applying for: _____

Date of Graduation: _____

Higher Education Institution (College, Trade School, etc.): _____

Field of Future Study: _____

Scholastic

Academic Honors and Awards (State year and nature of):

Member of Academic Organization (Name of Organization, Year(s) and if position(s) held):

Extracurricular Scholastic Activities (Sport/Activity, Year, Awards):

Community Involvement

Member Organizations (Scouts, 4-H, etc., Year(s), position(s) Held:

Employment (Name of Employer(s), Position(s) Held, Period of Employment:

Financial AidHave you been granted any other financial Aid? ☐ Yes ☒ No

Monetary details of the following:

- Other Scholarship(s): _____
- Pell Grant: _____
- Federal or State Loan: _____
- Campus Employment: _____
- Other Grant(s): _____

Have you reason to expect financial aid from any other source (if so, explain):

Any additional data to show financial need:

Family History

Guardian(s) Name: _____

Address (if different from above): _____

Do you currently have a family member who is an active member of the Mason Firefighter Association (Active, Honorary, Retired, Fire Corps, if yes, Name and Dates Served): _____

Do you currently have a family member who is an active/retired First Responder (Fire, Police, Ambulance, Dispatch, either paid or volunteer, if yes, Name and Dates Served): _____

Certification

I hereby certify the preceding statements, and all supporting documentation are true and correct. The Mason Firefighters Association Scholarship Committee will review and can act on all requests, and I am hereby relinquishing my right to appeal their decision.

Student Signature: _____ Date: _____

Guardian Signature : _____ Date: _____