

BARBARA J. LEHMANN MEMORIAL SCHOLARSHIP PROGRAM
2024 SCHOLARSHIP APPLICATION

Applicant Information

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Day Time Phone () _____ Evening Phone () _____

Applicant's affiliation with the Fire Company

Member Parent/guardian is a member Resident of the Service Area

Applicant's Educational Background

High School 1 2 3 4
College 1 2 3 4
Total college credits completed _____

Institution and Degree Information

Institution Name _____
Address _____
City _____ State _____ Zip Code _____
Field/course of study _____
Matriculated Course Yes No
Semester Dates (That scholarship will be applied to) ____/____/____ to ____/____/____
Degree Pursuing Associates Bachelors Masters Doctorate
Number of credits completed at institution _____
Number of Semesters completed at institutions _____

References

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____

Agreement Application & requested materials must be postmarked by June 30, 2024.

I declare that all statements in this application are complete and correct to the best of my knowledge. I agree to abide by the scholarship rules set forth by the East Greenbush Fire Company or will forfeit my scholarship eligibility and benefits.

Applicant Signature _____ Date: _____