

BARBARA J. LEHMANN MEMORIAL SCHOLARSHIP PROGRAM  
2025 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 15, 2025.

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: \_\_\_\_\_