Robert J. Hindley Memorial Scholarship REQUIREMENTS

REQUIRED APPLICATION DOCUMENTS

(These may be attached to your application or mailed separately.)

An official transcript or letter from a school official from the most recent institution attended. If unavailable, please provide a written explanation and a copy of the highest level diploma or certification received.

A Statement of Interest of 400 words or less including:

- Why you want the Robert J. Hindley Memorial Scholarship.
- Your personal, educational, and career goals.
- A list of extracurricular, community, and/or volunteer activities. Include dates of participation and a brief description of each activity. You may provide an explanation for lack of involvement under special circumstances. Special circumstances include financial hardship, family responsibilities, etc.
- Any other information you want the Scholarship Committee to consider.

Two (2) Letters of Recommendation:

• One letter should be from a teacher, employer, or a member of the community familiar with you and your goals and the other from a member of the fire service. If it is not possible to provide a letter from a member of the fire service, please attach an explanation.

CURRENT RECIPIENTS OF MCVFA SCHOLARSHIPS

If you are reapplying, you may submit current grades or a mid-term report. You must submit an update to your original Statement of Interest and one new letter of recommendation.

I certify that all of the information contained in this application and attachments is accurate. I understand that the MCVFA may verify all information I have provided as a part of my application for this scholarship.

Signature

Send your application form along with supporting documents to: evp@mcvfa.org or mail to Massachusetts Call/Volunteer Firefighters' Association (MCVFA), Robert J. Hindley Scholarship, PO Box 1015, East Wareham, MA 02538



www.mcvfa.org/scholarships

Date

Massachusetts Call/Volunteer Firefighters' Association

Robert J. Hindley Memorial Scholarship APPLICATION

Name:
Address:
Phone Number: Email:
Sponsor's Name:
Name of Sponsor's Department:
MCVFA Dues Paid Years:
Region Applying (circle one): 1 2 3 4 5
ACADEMIC INFORMATION Type of program in which you plan to enroll for the 20 20 academic year (check one): Graduate Bachelor Associate Technical/Trade Certification
Planned Field of Study: Enrolled or Planning to Enroll (check one): □ Full Time □ Part Time
Name of School/University Attending:
Name of Trade School/Certificate Program:
Field of Study:
List any civic groups, organizations or extracurricular activities, volunteer work, etc.:

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CLOSING DATE: MAY 1, 2020

PLEASE TYPE OR PRINT: