

**CLACKAMAS EMERGENCY SERVICES FOUNDATION'S ART JOHNSTON  
MEMORIAL SCHOLARSHIP APPLICATION**

Directions: Please review the application in its entirety. Complete ALL SECTIONS of the application in order for the application to be considered. **Applications are due by April 30, 2010** at the Administration Office of Clackamas Fire District #1, 11300 SE Fuller Road, Milwaukie, OR.

**A. PERSONAL DATA**

**Name of Applicant:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Permanent Address** (Street/Box, City, State, Zip): \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Birthplace:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**B. ELIGIBILITY**

Indicate your eligibility to be considered for an educational grant

**Name of Employee to whom you are related** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name of Volunteer to whom you are related** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name of District resident** \_\_\_\_\_ **Address** \_\_\_\_\_

**C. EDUCATION PLANS**

1. (Attach Curriculum Program)

2. **Date course(s) begin:** \_\_\_\_/\_\_\_\_/\_\_\_\_      3. **Date course(s) end:** \_\_\_\_/\_\_\_\_/\_\_\_\_

3. **Name of college or university offering your course of study:** \_\_\_\_\_

4. **Year in College or University:**    \_\_\_\_Freshman    \_\_\_\_Sophomore    \_\_\_\_Junior    \_\_\_\_Senior

5. **Quarter** \_\_\_\_\_ **Semester** \_\_\_\_\_

**D. ADDITIONAL INFORMATION**

1. Explain why you want to take the course of study for which you seek a grant and how it relates to the mission of the Foundation. Be sure to describe how the training and knowledge will be useful to you and the community, particularly in achieving your employment goals and how it relates to the mission of the Foundation. This statement is carefully evaluated by the Scholarship Selection Committee, appointed as a sub-committee of the Board of Trustees. Please be specific. The quality of your response is significant **(use a separate sheet(s) of paper for your description)**.

2. Include a list of school activities, plus any clubs, awards or honors

3. Include a list of community activities

4. Provide a personal statement (one page)

5. Provide a transcript of grades

**E. EDUCATION AND EMPLOYMENT EXPERIENCE**

1. High School Diploma (year): \_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ GED Certificate; GPA \_\_\_\_\_

2. Additional education or training: \_\_\_\_\_

F. **EMPLOYMENT HISTORY**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Date Hired/Ended: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Date Hired/Ended: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

G. **REFERENCES** (Please do not include relatives)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

H. **EDUCATION BUDGET** (List the direct educational expenses and sources of funds you expect for the course(s):

EXPENSES	AMOUNT	SOURCE OF FUNDS	AMOUNT
Tuition	\$	Personal Earnings	\$
Fees	\$	Government Allowances	\$
Books & Supplies	\$	Other Grants	\$
Campus-related room	\$	Other Income (i.e. parents)	\$
Campus-related board	\$	Scholarships	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>TOTAL SOURCE OF FUNDS</b>	<b>\$</b>
		State/Federal Student Loans	

I. **CONDITION OF AWARD**

Upon completion of the course of study for which the Foundation has approved a grant, the grant recipient must submit a copy of the certificate of completion or grade transcripts to the Foundation, on a university reporting period.

J. **STATEMENT OF CORRECTNESS, UNDERSTANDING AND AUTHORIZATION**

I hereby attest that the information contained in this application is true, correct and complete and I understand the proceeds of the grant, if awarded, will be used to further my education in the program in which I have enrolled. The Foundation is hereby authorized to check the references, which I have listed above. I understand that in the event the grant is made; it may be applied directly toward the tuition, registration fees, books and campus-related or authorized room and board for the course of study.

**INFRACTION PROVISION.** Except in cases of special circumstance, should the eligibility and selection criteria not be maintained by the recipient, that person will be ineligible to apply to the Foundation for the next two (2) award periods from the date of the determination made by the Foundation. No additional funds will be advanced in the current quarter or program period; and to the extent possible, all unused funds will be recovered from the institution and returned to the Foundation. In addition, in the event a grant recipient is delinquent in submitting reports required by the grant (absent special circumstances), future awards to the applicant will be withheld until the delinquency is cured. If a student is unable to maintain a 2.5 GPA or does not complete the required course of study, the grant will convert to a loan.

Mail, fax or deliver completed application to: Clackamas Emergency Services Foundation, 11300 SE Fuller Road, Milwaukie, Oregon 97222, Fax: 503-742-2800.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_