Madison/Beaverhead EMS and Fire Scholarship Application for Recruitment and Retention of Volunteer Fire/EMS Services in Madison/Beaverhead County, MT

First Name:			
Last Name:			
Mailing Address:			
City in MT			
Zip Code:			
Contact Phone Number:			
Contact Email Address:			
Type of Scholarship Requested (circle one)	:		
Firefighter/EMS Training Firefighter/EMS	College Other		
Field of Interest (circle one):			
Career Firefighter	Volunteer Firefigh	nter Other	EMT
Amount Requested (circle one):			
\$1500 \$1000 \$750 \$500	Other		
Date(s) of Use: From(Day/Month)	To(Day/Month)_	Year	_
Fire/EMS. Department or College:			
Certification: I certify that the information p knowledge. I further certify that if I am cho related to my education in an institution of I criteria and conditions for acceptance.	sen as a scholarship	recipient, I will use the f	funds only for expenses
SignedDate_			
For more Information and to submit contact Preparedness Assistance Center	i: (Please keep a cop	by of application for your	records) Domestic
PO Box 1552 Helena, MT 59624 – <u>info@d</u>	lomesticprep.org —	406-438-1190	
For more information on the Mergenthaler Swww.valleyfirehire.org	Scholarship and inte	erest in volunteer service	go to
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For Office Use Only: Approved	DateBy	Amount	Letter