

John Fetz / John Walsh Memorial Scholarship Application



Please write legibly and return this signed form by August 1, 2020.

Mail to : John Fetz / John Walsh Memorial Scholarship Committee
PO Box 391177, Mountain View, CA, 94039

Last Name	First Name	MI	High School
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Birth Date	Email Address
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Mailing Address	City	Zip	Phone Number
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Parent or Guardian	Occupation
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Parent or Guardian	Occupation
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Are you a relative of a Mountain View Firefighter? Yes No

If yes, then whom? _____

High School Awards or Community Recognition / Activities:

Community Involvement (Scouts, church, volunteer work, service trips, etc.):

Your Past, Present, and Future!

Write a brief statement of your background, personal goals, and why you merit consideration for this scholarship award. Feel free to include your plans for the future! (700 words or less, typed, and on separate paper.)