John Fetz /John Walsh Memorial Scholarship Application



Last Name	First Name	MI	High School		
Birth Date	Email Address				
Mailing Address	City	Zip	Phone Number		
Parent or Guardian			Occupation		
Parent or Guardian			Occupation		
Are you a relative of a	ı Mountain View Fir	efighter?	Yes No		
If yes, then whom?					

Date of College enrollment	Name of College or University	
Declared or Intended Major	High School GPA	
Please briefly describe your plans for college	:	

tigh School Awards or Community Recognition / Activities:					
Community Involv	vement (Scouts,	church, volur	iteer work, ser	vice trips, etc.)	:
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Your Past, Present, and Future!

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

Please Sign: