



Raymond Fire / Rescue Association, Inc.

Fire Science, Medical or Public Safety Scholarship Fund Application

Name: _____ Social Security: _____ Gender: _____

Home Phone Number: _____ Cell Phone Number: _____ Birthday: _____

Physical Address: _____, Raymond, ME 04071

Mailing Address: _____

Current School: _____

Address: _____

Main Number: _____ Financial Aid Office Number: _____ I rank _____ in a class of _____

Grade Point Average: _____ Most recent SAT scores (optional): Math _____ Verbal _____

List of school activities (attach additional Sheet if necessary):

Activities	Number of years Participating	Special honors, Offices, etc.

List of Community Activities:

List of employment:

Position Held	Period of Employment	Hours Per Week
	_____ to _____	_____
	_____ to _____	_____
	_____ to _____	_____
	_____ to _____	_____

In a personal statement of 500 words or less, describe your aspirations and how your educational plans relate to them.

Also, please note any personal or family circumstances that you feel make you particularly eligible for a scholarship.



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Post-Secondary School for which aid is requested: _____

Upcoming Year in School: Undergraduate 1 2 3 4 Graduate 1 2 3 4

Degree Anticipated: BA BS MA PhD Other: _____

Major field of Study: _____

Financial Aid Information:

1. Have you been accepted to the college of your choice? Yes No

If yes, make sure you have attached a copy of your financial aid award letter.

2. Date FAF (Financial Aid Form) filed: _____

3. Please complete the *Financial Information Form*.

I certify that I am a legal resident of the State of Maine and that all information on this form is true and complete to the best of my knowledge. I understand that I may be asked to provide proof of information stated on this form, including a copy of my parents' and/or my prior year's U.S. Income Tax return. In addition, I hereby authorize the college I will attend in the 2014-2015 school year, to release information on financial aid, awarded to me by the college and other sources.

Signature of Parent/Guardian: _____ Date: _____

Signature of Applicant: _____ Date: _____

In order for your application to be considered, it must be submitted with:

- **A copy of your most recent high school / college transcript**
- **A copy of your college financial aid offer (high school seniors)**
- **The *Financial Information Form* attached and completed**
- **Three recommendations (teachers, employers, coaches, etc.)**



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(Please submit financial information for the previous calendar year.)

INCOME:

1. Parents' Adjusted Gross Income:
(AGI-Form 1040 line 31, 1040 line 16, or 1040EZ line 4):
2. Student's Adjusted Gross Income:
(AGI-Form 1040 line 31, 1040 line 16, or 1040EZ line 4; if you didn't file a tax form, enter the amount you earned in the most recent year.)
3. Parents' Total Nontaxable Income:
(Social Security, Child Support, Welfare Benefits, Workers Compensation, Earned Income Credit)
4. Other Untaxed Income:
(Total of deductible IRA/Keogh payments, payments to tax deferred pension/savings plans, Foreign income exclusion)
5. Total Income (total of 1 – 4 above):

ASSETS:

1. Parents' Cash and Savings:
2. Student's Cash and Savings:
3. Net Real Estate Equity: *(Appraised value minus what is owed on it)*
4. Net Value of other Assets: *(Stocks, Bonds, Mutual Funds, Investments, ect.)*
5. Total Assets (Total of 1 – 4 above):

LIABILITIES AND DEBTS:

1. U.S. Income Tax Paid: *(Form 1040 line 46, 1040A line 25, 1040EZ line 8)*
2. Accounts Payable:
3. Other Debts:
4. Total Liabilities and Debts (Total of 1 – 3 above):

FAMILY CIRCUMSTANCES:

1. Total size of applicants (parents') household during the next school year:
(Include yourself; even if you do not live at home, and siblings who receive more than half of there support from your parents.)
2. Total number in family attending college at least half – time next school year:
3. Parents' marital status:
 Married, Separated, Single, Divorced, Widowed



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EXPENSES:

Estimated total expenses for the coming year. Please refer to the cost of attendance budget at your first choice college. This information should be available in college publications or from the financial aid office.

- a. Tuition and Fees: _____
- b. Room and Board: _____
- c. Books: _____
- d. Transportation: _____
- e. Personal / Other Expenses: _____
- f. Total Expenses: _____

INCOME:

Total income available for the coming year. Please list as many items as you can estimate at this time. If you have received a financial aid notice from your first choice college you should refer to that.

- a. Income from outside job: _____
- b. Income from campus job: _____
- c. G.I. or S.S. Benefits: _____
- d. Student's Savings: _____
- e. Parents' Contribution: _____
- f. Scholarships: *(from college, High School or Community)* _____
- g. Loans: _____
- h. Gifts: _____
- i. Other Income: _____
- j. Total Income: _____

COMMENTS:

Explain any unusual circumstances that might affect your financial need. Attach copy of comments and this form with the Raymond Fire / Rescue Association, Inc. Scholarship Fund Application.

Signature of Parent/Guardian: _____ Date: _____

Signature of Applicant: _____ Date: _____