



# Jamie Dickman Fire/Rescue/EMT Adult Scholarship Application

Name (print or type): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

Department affiliated with: \_\_\_\_\_

School currently attending or graduated from: \_\_\_\_\_

Major field of study: \_\_\_\_\_

Vocational or Career goals: \_\_\_\_\_

How do you plan to use this scholarship? What area and or training?  
\_\_\_\_\_

What will you be able to contribute to Fire/Rescue/EMT community?  
\_\_\_\_\_  
\_\_\_\_\_

Classes/Courses taken related to the fire and emergency service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Offices held or current position(s) on your department: \_\_\_\_\_  
\_\_\_\_\_

Honors or awards: \_\_\_\_\_

Number of years in public safety: \_\_\_\_\_

Out-of-school or off-work activities: \_\_\_\_\_  
\_\_\_\_\_

Volunteer/Community activities: \_\_\_\_\_

Current GPA (if enrolled): \_\_\_\_\_

**Employment History:**

Employer Type of Work Dates/ Contact information:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**References:**

Name Relationship Phone #

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Please sign here:**

I certify that the above statements are true to the best of my knowledge,

\_\_\_\_\_

Signature Date: \_\_\_\_\_

Number and dollar amount of scholarships will be determined by number and quality of applications received (if needed please attach to back). **Please mail/email scholarships to the following address:**  
**Email to [unitt12@yahoo.com](mailto:unitt12@yahoo.com) or mail to [edwfd10@hotmail.com](mailto:edwfd10@hotmail.com)**

**F.O.O.L.S Scholarship Committee:**

**C/O Erik Hansberger**

**1885 Zenobia Rd**

**Norwalk, Ohio 44857**

**C/O Edward Dalton**

**5073 Butler Rd**

**Wakeman, Ohio 44889**