



**McLANATHAN-PHIPPSBURG  
FIRE AND RESCUE FUND. INC.**

P.O. Box 83  
Phippsburg, Me 04562



**EDUCATION GRANT APPLICATION**

The McLanathan-Phippsburg Fire and Rescue, Inc., a charitable foundation, invites applications from Phippsburg students pursuing a post secondary education in either academic or vocational field of study. Students seeking EMT certification, EMT Paramedic certification, Fire Science Program certification, medical fields, marine studies, arts and other fields beneficial to the Town of Phippsburg, Phippsburg Volunteer Fire Department and the Phippsburg Ambulance Service.

If you are interested in applying, please complete the following information and return it to:

McLanathan-Phippsburg Fire and Rescue, Inc.  
P.O. Box 83  
Phippsburg, ME 04562  
Attn: Distribution Committee

Applications received by May 1<sup>st</sup> of the application year will be considered. The committee selects recipients and notifies them prior to August 1<sup>st</sup> of the application year.

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of High School: \_\_\_\_\_

School Address: \_\_\_\_\_

Guidance Counselor's Name: \_\_\_\_\_

What courses do you intend to take that relate to the fire and rescue service?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESSAY:** Attach to this application a brief essay explaining why you should be selected as a recipient and include other important information not listed above that should be considered.

**FINANCIAL INFORMATION**

List total financial aid received or for which you have applied for the coming school year:

	Applied:	Received:	Amount:
	(Date Applied)	(Yes or No)	(Total)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

List the college, university or other educational institution you plan to attend . Indicate the name of the school and the mailing address of its financial aid office.

School: \_\_\_\_\_

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

\_\_\_\_\_

Full cost of one (1) Year: \$ \_\_\_\_\_

To the best of my knowledge, all the statements and attachments are true.

\_\_\_\_\_  
Signature of Applicant: Date: