

**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 an academic or vocational field of study that will include courses leading to the following:

EMT Certification, EMT Paramedic Certification, Fire Science Program Certifications, Medical Field, Marine Sciences studies, Engineering studies, and general studies that are beneficial to the Town of Phippsburg, and the Phippsburg Fire and Ambulance service. Applicants will be judged in this order.

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

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

Applications must be received by May 1<sup>st</sup> of the applications year to be considered. The committee selects recipients and notifies them prior to June 15<sup>th</sup> of the application year.

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

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

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

**Father's Name:** \_\_\_\_\_

Address (if different): \_\_\_\_\_

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

**Mother's Name:** \_\_\_\_\_

Address (if different): \_\_\_\_\_

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

**Please complete back of application**

Name of High School: \_\_\_\_\_ Graduating Year: \_\_\_\_\_

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

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**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 (Yes or No)	Received	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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

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

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

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Major: \_\_\_\_\_ Number of years to attend: \_\_\_\_\_

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

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

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