

KILLINGWORTH AMBULANCE ASSOCIATION SCHOLARSHIP

Applicant's Signature _____ Date _____

High School _____

Guidance Counselor's Signature _____ Date _____

Please ask your High School Guidance Counselor to mail your completed application to:

Killingworth Ambulance Association
Scholarship Committee
PO Box 749
Killingworth Ct. 06419

1. Name _____ Date of Birth _____

2. Address _____

3. Home Phone _____ e-mail _____

4. Name of School currently attending _____

5. Have you been accepted at a college or university? _____

6. Name of college or university _____

7. What field will you major in? _____

8. What is your cumulative grade average? _____

9. What is your SAT score? Math _____ Verbal _____

10. What community services have you done to complete your high school requirements?
How many hours have you completed? *

11. Have you done any community service beyond the high school requirements? Please explain? *

12. Name of Father or Guardian _____

13. Occupation of Father or Guardian _____

14. Name of Mother or Guardian _____

15. Occupation of Mother or Guardian _____

16. Include a 200 to 300 word essay on why you chose to continue your education and include the reason for choosing a particular field of study.

17. Include a copy of your High School transcript.

*attach additional sheets of paper if necessary