



PRESENTED BY



# Kristin Ciganek-Schroeder

## MEMORIAL SCHOLARSHIP

### APPLICATION FORM

#### CONTACT INFO

NAME

ADDRESS

CITY STATE ZIP

PHONE E-MAIL

#### EDUCATION

HIGH SCHOOL

CITY STATE YEAR OF GRADUATION

#### I AM/WILL BE ENROLLED AT MATC, WCTC OR ALTERNATIVE ACCREDITED HIGHER EDUCATION INSTITUTION

(Please Check One): MATC WCTC OTHER (Institution Name): \_\_\_\_\_

PROGRAM NAME

YEAR ENROLLED ANTICIPATED GRADUATION DATE:

**CURRENT CERTIFICATIONS** (EMT, Paramedic, Firefighter I, etc.)

#### PRIOR FIREFIGHTING EXPERIENCE

(Please list the department name and city, whether you are paid-on call, full-time, or a volunteer, and length of service)

**VOLUNTEERISM**

ORGANIZATION

ROLE

DATES

**DESCRIPTION OF VOLUNTEER ACTIVITIES**

ORGANIZATION

ROLE

DATES

**DESCRIPTION OF VOLUNTEER ACTIVITIES**

ORGANIZATION

ROLE

DATES

**DESCRIPTION OF VOLUNTEER ACTIVITIES**



**Scholarship Authenticity Statement**

By submitting this application, I affirm that this essay is my original work and was completed without the use of AI text generators. I understand that the use of AI-generated content is prohibited and will result in disqualification if identified.

**For consideration, please submit the completed application form, essay, and letters of reference as a single PDF document to:**

**[Maria@IgniteTheSpiritMKE.com](mailto:Maria@IgniteTheSpiritMKE.com)**