



PRESENTED BY



Kristin Ciganek-Schroeder

MEMORIAL SCHOLARSHIP

APPLICATION FORM

1.0.0

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

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ORGANIZATION

ROLE

DATES

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ORGANIZATION

ROLE

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DESCRIPTION OF VOLUNTEER ACTIVITIES



For consideration, please submit the completed application form, essay, and letters of reference as a single PDF document to: Maria@IgniteTheSpiritMKE.com