



# Kenosha Firefighters CARE

Community Assistance Response Effort

4810 60<sup>th</sup> Street, Kenosha, WI 53144

## Kenosha Firefighters CARE Scholarship

### APPLICATION FORM

#### I. General Information

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

#### II. Volunteer History

*Please list volunteer service performed during your four years of high school, including specific organizations or activities supported, and identify for each the total hours volunteered and a reference. **Specific dates and hours should be identified.** (Use additional paper if necessary.)*

1. Organization / Activity Supported \_\_\_\_\_

Total Hours Volunteered \_\_\_\_\_

Reference / Contact Information \_\_\_\_\_

2. Organization / Activity Supported \_\_\_\_\_

Total Hours Volunteered \_\_\_\_\_

Reference / Contact Information \_\_\_\_\_

3. Organization / Activity Supported \_\_\_\_\_

Total Hours Volunteered \_\_\_\_\_

Reference / Contact Information \_\_\_\_\_

4. Organization / Activity Supported \_\_\_\_\_

Total Hours Volunteered \_\_\_\_\_

Reference / Contact Information \_\_\_\_\_

**III. Educational Plans**

What are your plans for post-high school educational studies? \_\_\_\_\_

\_\_\_\_\_

Where do you plan to attend? \_\_\_\_\_ Date to begin: \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ If not, when do you expect a response? \_\_\_\_\_

**IV. Brief Essays** *Continue on separate sheet(s), if necessary.*

Please describe why you decided to become involved in your chosen volunteer activity(ies).

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

Please describe your most meaningful volunteer experience.

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

What effect has your volunteer experience had on your plans for the future?

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

**V. References** *(References must come from non-family members)*

Please list three adult references, each who must provide a written recommendation (please attach with application) and who have worked with you in a volunteer capacity.

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

**I declare the information in this application to be true and accurate, to the best of my knowledge.**

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Signature of Student

Date

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Signature of Guardian

Date

Return application and three letters of recommendation by **April 30th** to:

Kenosha Firefighters CARE Scholarship  
4810 60<sup>th</sup> Street  
Kenosha, WI 53144

The mission of Kenosha Firefighters C.A.R.E. shall be to provide assistance through charitable efforts to those individuals or organizations in the community during times of hardship, loss, or other unmet needs.