

# **THE BRIDGEWATER WOMEN'S AUXILIARY SCHOLARSHIP**

## **Established by the Bridgewater Fire Department Women's Auxiliary**

This scholarship, in the amount of \$2,000.00, will be administered on an annual basis to a qualified applicant. In the event that there is more than two (2) equally qualified applicants, only two (2) scholarships will be awarded in the amount of \$1,000.00 each. If no applicants are received for the current year, the amount will remain at \$2,000.00 for the following year.

The recipient(s) shall be awarded this scholarship based on the following criteria:

### ***The qualified applicant must:***

- Be a graduating high school senior
- Be an active<sup>1</sup> member of the Bridgewater Fire Department or the Bridgewater Women's Auxiliary; or a son or daughter of an active<sup>1</sup> member of the above
- Is in good academic standing
- Possess good citizenship qualities; including community service
- Shows financial need

### ***The qualified applicant must:***

- Complete the application form
- Provide a copy of his/her transcript
- Provide two (2) letters of recommendation - One (1) from a faculty member from his/her present school and one (1) from a non-family member
- Sign, notarize and return application **NO LATER THAN MAY 6<sup>TH</sup>** .
- Mail to:

Bridgewater Women's Auxiliary  
ATTN: Scholarship Committee  
P.O. Box 322  
Bridgewater, CT 06752

---

<sup>1</sup>"active" member – A member who is current with his/her membership dues and participates in the various functions of the organization

# **THE BRIDGEWATER WOMEN'S AUXILIARY SCHOLARSHIP**

## ***COMPLETE AND RETURN WITH SCHOLARSHIP APPLICATION***

I \_\_\_\_\_ indicate that the information provided in  
*(print applicant's name here)*  
my application is correct to the best of my knowledge.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

---

---

Before me the undersigned on this day personally appeared \_\_\_\_\_  
*(print applicant's name here)*

who on his/her oath agree to comply with the terms set in this waiver. Subscribed

and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Recipient's Signature

\_\_\_\_\_  
Notary Public

Commission Expires on \_\_\_\_\_

---

<sup>1</sup>"active" member – A member who is current with his/her membership dues and participates in the various functions of the organization

## **BRIDGEWATER WOMEN'S AUXILIARY SCHOLARSHIP APPLICATION**

Full Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone # : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Approximate Annual Salary: \$ \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Approximate Annual Salary: \$ \_\_\_\_\_

Name(s) of Siblings:

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Name of school's you have applied to:

Accepted:  
(Circle one)

\_\_\_\_\_

Yes or No

\_\_\_\_\_

Yes or No

\_\_\_\_\_

Yes or No

\_\_\_\_\_

Yes or No

Letters of recommendation are:      included      will follow by mail  
(Circle one)

Transcript is:      included      will follow by mail  
(Circle one)

### Anticipated Expenses

### Income

Tuition    \$ \_\_\_\_\_

Parents \$ \_\_\_\_\_

Room & Board    \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_

Books    \$ \_\_\_\_\_

Scholarship \$ \_\_\_\_\_

Loans    \$ \_\_\_\_\_

Scholarship \$ \_\_\_\_\_

Travel    \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Misc.    \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*<sup>1</sup>“active” member – A member who is current with his/her membership dues and participates in the various functions of the organization*