All Applications must be mailed complete and in their own envelope. Any applications not complete, or did not follow instructions, or grouped and mailed with other applications will be disqualified.



EDWIN MURDOCK MEMORIAL SCHOLARSHIP

	Date
Personal Information	
Name	
Address	
Home Phone #Cell Phone #	
School/School District	
Current G.P.A Class Rank Please attached a copy of your high school transcript.	
Are you a Member of a Rockland County F.D.? YesNo	_
If yes Which Department	
Are You Related to the Member of the R.C.F.C.A. YesNo	
If yes Name of Member	Rank
Which Department_	

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List below the schools to which you have applied for admission for your post high school education.

Name of School, Town, State

1.			
2.			
3.			
4.			
your fellow studenumber of week pertinent details	lents during the last 5 years. Include as per year you served in each. List r	ice Activities which served the commute the number of years, hours per week, con-paying, volunteer service only. Additional Activities (Attach a type written/double space)	or d any
made an impact	on my life, and how I plan on conti	an 750 words) about 'How Volunteering to Volunteer to make an impact of double spaced & attached to list appli	on other
Student's Signat	ture	Date//	
Guidance Couns	selor's Name		
Guidance Couns	selor's Signature	Date//	
*Application m	ust be postmarked by June 1st 2020		
Mail to: Rockland	County Chief's Association Scholarship	c/o Lisa Castaldo 5 Louis Donato Drive Garnerville NY 10923	