

F. Michael Sacca Scholarship
C/O Ocean City Volunteer Fire Company
PO Box 27
Ocean City, MD 21843

APPLICATION INFORMATION

Congratulations on your interest in applying for the F. Michael Sacca Scholarship, focused on improving the fire service through the perpetuation of study in the area of fire science. Please carefully review the application information below:

Award

\$1000 Annually, dependent upon funding. Check will be made co-payable to the recipient and the institution.

Deadline:

Completed applications must be received by 12:00pm April 15th each year for consideration for the fall semester.

Criteria for Consideration:

All candidates must:

1. Be a resident of the State of Maryland.
2. Be a high school graduate or possess a G.E.D.
3. Have been accepted to an institution offering programs within the Fire Science Discipline.

Application Packet

1. Completed application.
2. Essay explaining why this course of study will be useful, including candidate's career goals and objectives (Typed and double-spaced).
3. Copy of acceptance letter from college/university.
4. An official, current transcript (high school and/or current college).
5. Copy of Class Schedule/List of Classes for upcoming semester.
6. Copy of Drivers License.
7. Three (3) typed letters of reference.

Selection of the F. Michael Sacca Scholarship recipient will be made by the Scholarship Committee after careful consideration of each application packet. All applicants will be notified of the results.

Upon completion, mail the completed application packet to:

F. Michael Sacca Scholarship
C/O Ocean City Volunteer Fire Company
PO Box 27
Ocean City, MD 21843

Again, thank you for your interest, and Good Luck!

F. Michael Sacca Scholarship Application
C/O Ocean City Volunteer Fire Company
PO Box 27
Ocean City, MD 21843

Name: _____
 (Last) (First) (Middle)

Date of Birth: _____ Place of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Employer: _____ Phone: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Years Employed: _____

High School: _____ Date of Graduation: _____

HS Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

College/University Attending: _____

College Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Intended Major/ Area of Study: _____

Signature: _____ Date: _____

SCHOLARSHIP COMMITTEE USE

Date/Time Received: _____ Received By: _____