

Washington County Dive Team

“Michaels Angels”

Scholarship Form

Email form: beistlec@ci.west-bend.wi.us or mail West Bend Fire Department
C/O D.C. Beistle
325 N. 8th Ave
West Bend, WI 53095

Name _____
Last First M.I.

Home Address _____

Telephone _____ Date of Birth _____

Parents/Guardian Name _____

Address _____

Which educational facility do you plan to attend?

_____ _____
First Choice Second Choice

What is your intended area of study in college?

Organizations to which you belong to or volunteer for: (Please Specify Member or Volunteer)

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Work Experience

Dates Worked/Place & Type of Employment

Do you plan to work while attending school? Please explain.

List two references

Name_____Relationship_____

Address_____Phone_____

Name_____Relationship_____

Address_____Phone_____

Do you have a criminal history that would prohibit you getting into a program for any of the Public Safety Programs? Yes_____ No_____

If yes, please explain the situation and what you might have learned from it on another page

