



The Cottage Grove Volunteer Fire Department Inc.

4030 Highway N • Cottage Grove, WI 53527



Continuing Education Award Application

No _____

Application must be returned completed by mail or email to the Cottage Grove Volunteer Fire Department Continuing Education Committee No Later than March 21st, 2022 Email: mmabie16@gmail.com

Name: _____

Permanent Address: _____

Telephone No: _____

Birth date: _____

Scholastic Information

(Attach Additional Sheets if Needed)

Circle the appropriate eligibility status description below:

- A. I live in the Town or Village of Cottage Grove.
- B. I am a high school senior.
- C. I am an adult living in the Town or Village of Cottage Grove and will have completed at least two terms or semesters of post secondary education. <https://register.covidconnect.wi.gov/en-US/>
- D. I am a daughter, son, or grandchild of an active or honorary member of *The Cottage Grove Volunteer Fire Dept. Inc.*
If you are, name the member. _____
- E. I will be, or have been registered, in a certified adult educational or vocational training program and I live in the Village or Town of Cottage Grove.



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1. Identify your educational and occupational plans and goals and anticipated institution.

2. What is your anticipated major or course of concentration:

3. What High School will you be graduating from, or post-secondary school are you attending:

4. State your current or last record overall grade point (or letter) average:
(Please provide proof with this application)

5. Will you be applying for and/or anticipate receiving other grants or awards (If so please name)

6. Will you be enrolling for Fire Service or a Medical career?

7. List any community activities, organizations, or volunteer work you are or have been involved with including offices held or responsibilities assigned:

8. List any high school and college clubs, organizations, and activities you have participated in:



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9. List any scholastic, citizen and occupational awards, credits, or honors received:

10. Please state why you would like to receive this award:

11. Any general comments you wish to make:

12. Will you be enrolled for at least two semesters?

Financial Information

Complete this section using the past year as ending December 31 as your reference:

1. How much will your parents be giving in financial help to your education _____
2. Applicant's Income
 - A. Your past monthly income. _____
 - B. Past year income ending Dec 31 _____
 - C. Projected income while in school training _____
 - D. Spouses income _____
3. Applicant's Assets
 - A. Saving Accounts/ Cash/ Stocks Value _____
 - B. Property real or personal _____
 - C. Automobile/ Cycle _____
 - D. Other _____
4. Projected annual education or training expense _____
5. Will you be borrowing money for your education _____



Emergency
911

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Business
(608) 839-4343

- 6. Annual Tuition or cost of the training program _____
- 7. Residence while at school: _____
- 8. Identify any unusual individual or family hardship or other circumstances which affect your need for financial assistance:

I hereby certify that I meet the residency and eligibility requirements and the above information is true and accurate. I also certify that the information on this document is accurate to the best of my knowledge.

Applicants Signature _____ Date _____

Parents Signature _____ Date _____