## J. CLARK TOWSE NORTH QUEENSBURY VOL. FIRE CO. AUXILIARY MEMORIAL SCHOLARSHIP APPLICATION

"We make a living by what we get; We make a life by what we give"
(Sir Winston Churchill)

In 1992 the North Queensbury Volunteer Fire Co. Auxiliary Scholarship was named in memory of J. Clark Towse. Clarkie was a member of the North Queensbury Volunteer Fire Co. from 1984 until 1991. It was because of his commitment to his community that his friends and family chose to name this scholarship in his honor.

This scholarship is offered to students who live full-time in the North Queensbury & Pilot Knob Fire districts.

Starting in 2007 the Auxiliary added an additional scholarship based on community service in the amount of \$500.00 to a student, like Clarkie who has shown an exceptional commitment to their community through volunteering and Service throughout their high school career.

This application must be typed or filled out in black or blue ink.

Pencil will not be accepted.

Return this Application by May 15,2025 by mail to

North Queensbury Auxiliary PO Box 283 Cleverdale NY 12820

## J. CLARK TOWSE MEMORIAL SCHOLARSHIP APPLICATION

| The information provided will be kept strictly confidential. |  |  |
|--|--|--|
| 1.   | Name   |  |
| 2.   | Mailing Address  |  |
| 3.   | School you plan to attend this fall  |  |
|  | Name and address   |  |
|  |  |  |
| 4.   | Educational Goal   |  |
|  | Summer and/or Part-time Jobs   |  |
|  | Father's NameOccupation  |  |
|  | Employer (name, address and phone number)  |  |
|  |  |  |
| <b>7</b> .   | Mother's Name Occupation   |  |
|  | Employer (name, address and phone number)  |  |
|  |  |  |
| 8.   | List Brothers and Sisters: (name, age, and school attending)   |  |
|  |  |  |
|  |  |  |
| 9.   | High School Seniors are requested to have their guidance counselors forward to the Scholarship Committee an official transcript exclusive of standardized and I.Q. scores. The transcript should include class rank in quarters. |  |
| 10   | <ol> <li>Submit two brief Letters of Recommendation from non-relatives, such as teachers, employers,<br/>neighbors, community leaders.</li> </ol>  |  |

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|  |  |  |  |
| A. Describe your involvement in your community.        |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

B. What influence have your extra-curricular activities had upon you?

C. Describe your relationship with your family, and how you help at home.

## J. CLARK TOWSE MEMORIAL SCHOLARSHIP APPLICATION

| Signature of Parent or Guardian:     |  |
|--------------------------------------|--|
| Parent or Guardian Telephone Number: |  |
| Applicant's signature                |  |
| Date                                 |  |

ALL PARTS OF THIS MUST BE COMPLETE AND RECEIVED BY THE SCHOLARSHIP COMMITTEE BY MAY 15, 2025 BY MAIL ONLY.

PO BOX 283

CLEVERDALE, NY 12820

