

BARBARA J. LEHMANN MEMORIAL SCHOLARSHIP PROGRAM  
2026 SCHOLARSHIP APPLICATION

**Applicant Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Day Time Phone (    ) \_\_\_\_\_ Evening Phone (    ) \_\_\_\_\_

**Applicant's affiliation with the Fire Company**

☐ Member    ☐ Parent/guardian is a member    ☐ Resident of the Service Area

**Applicant's Educational Background**

High School ☐ 1 ☐ 2 ☐ 3 ☐ 4  
College ☐ 1 ☐ 2 ☐ 3 ☐ 4  
Total college credits completed \_\_\_\_\_

**Institution and Degree Information**

Institution Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Field/course of study \_\_\_\_\_  
Matriculated Course ☐ Yes ☐ No  
Semester Dates (That scholarship will be applied to) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
Degree Pursuing ☐ Associates ☐ Bachelors ☐ Masters ☐ Doctorate  
Number of credits completed at institution \_\_\_\_\_  
Number of Semesters completed at institutions \_\_\_\_\_

**References**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (    ) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (    ) \_\_\_\_\_

**Agreement**    Application & requested materials must be postmarked by June 15, 2026.

I declare that all statements in this application are complete and correct to the best of my knowledge. I agree to abide by the scholarship rules set forth by the East Greenbush Fire Company or will forfeit my scholarship eligibility and benefits.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_