

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: _____