



## Margate City Firefighters Mutual Benevolent Association

Local #41

P.O. Box 3052 Margate City N.J. 08402

(609)822-5562 fax(609)823-3640

### O'Hara – McCormick Memorial Scholarship Application

Name\_\_\_\_\_ Application Date\_\_\_\_\_

Date of birth\_\_\_\_\_

Address\_\_\_\_\_

Telephone\_\_\_\_\_ Sex \_\_\_\_Male \_\_\_\_Female

Parents' Names\_\_\_\_\_

Address(s)\_\_\_\_\_

Telephone(s)\_\_\_\_\_

Brothers and Sisters\_\_\_\_\_ Age\_\_\_\_\_

\_\_\_\_\_ Age\_\_\_\_\_

\_\_\_\_\_ Age\_\_\_\_\_

\_\_\_\_\_ Age\_\_\_\_\_

Please List all schools that you have attended:

From	To	Name of School	Location
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

High School GPA\_\_\_\_\_ Class Rank\_\_\_\_\_ SAT Score(s)\_\_\_\_\_

Extracurricular Activities\_\_\_\_\_

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Awards and Honors\_\_\_\_\_

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Athletic Activities\_\_\_\_\_

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Community Activities\_\_\_\_\_

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Colleges-etc. applied to\_\_\_\_\_

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Colleges-etc. accepted by\_\_\_\_\_

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College you plan to attend\_\_\_\_\_ Major\_\_\_\_\_

Fathers Occupation\_\_\_\_\_ Employer\_\_\_\_\_

Mothers Occupation\_\_\_\_\_ Employer\_\_\_\_\_

Parents Combined yearly gross income \_\_\_\_\_

Students gross income\_\_\_\_\_

List all jobs student has held during high school\_\_\_\_\_

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On a separate sheet of paper, no longer than one page, explain why you would be a good candidate for this scholarship.

Please also provide a copy of the student's high school transcript.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Application Due Friday May 9, 2025

Scholarship is for Margate City Residents Only