The City of Hallandale Beach
Fire Rescue Department

Community Mentorship Program
Application

Date:

SECTION 1

First Name: Last Name:

Street Address:

City: State Zip Code:

Phone:

SECTION 2

Expected Month/Year of Graduation

EMPLOYMENT ☐ Part Time ☐ Not Employed

Employer: City:

Contact Name: Phone:

SECTION 3

☐ Live with Parents

Parent's Name:

Street Address:

City: State Zip Code:

Phone:

SECTION 4

Reference 1

Name: Phone

Address

Reference 2

Name: Phone

Address

In the space provided below, please provide a brief 100-200 word narrative describing your ties to the community, educational background, post-high school plans, and why you should be selected for the Community Mentorship Program Scholarship. Also describe how receiving the scholarship will affect your life. Be sure to include accomplishments, awards, clubs, goals, and any thing else you feel necessary to assist the committee when choosing a recipient.