

THIS APPLICATION FORM IS IN PDF FORMAT FOR COMPLETION ELECTRONICALLY.  
PLEASE DO NOT SUBMIT THE APPLICATION ONLINE. FOUR PRINTED COPIES MUST BE  
RECEIVED TO BE CONSIDERED.

Year: \_\_\_\_\_  
Program: \_\_\_\_\_

**Permanent Endowment Fund**  
The Island's Community Foundation  
**Coast Guard Licensing Scholarship Application**

**Applicant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Coast Guard Licensing Course**

Name of Course: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Name of Instructor/School: \_\_\_\_\_

Address of School: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Cost of Course: \_\_\_\_\_

Please fully explain your financial need for this scholarship. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Education**

Secondary School Attended: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Post Secondary School Attended:

Dates of Attendance: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Other Education/Training: \_\_\_\_\_

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**Work Experience**

Employer	Position	Dates	Hrs. Per Week	Wages
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Is a Coast Guard License necessary for your employment? If so, please explain.

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Please list three references that we may contact on your behalf.

Name of Reference

Telephone

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Please submit this application to:

Permanent Endowment for Martha's Vineyard  
P.O. Box 1182  
Oak Bluffs, Massachusetts 02557



Permanent Endowment for Martha's Vineyard  
P.O. Box 1182  
Oak Bluffs, Massachusetts 02557  
508.338.4665  
info@endomv.org