

Greene County Firefighter/Auxiliary Member Scholarship Recommendation Form DUE BY SEPTEMBER 15, 2025

Name of Fire Captain:			Fire Company:		
How long have you kno	wn this applic	ant?			
How would you rate this	s applicant's v	olunteerism?			
How would you rate this	s applicant's c	ompetence?			
Would you recommend	this applicant	t for this scho	larship?		
What are your reasons	for this recom	mendation?			
What are your reasons Please rate the applicant's			arding the foll	owing:	
	s ability and pe		arding the foll	owing:	Poor
		rformance reg			Poor
lease rate the applicant's Job Knowledge Performance	s ability and pe	rformance reg			Poor
Job Knowledge Performance Cooperation	s ability and pe	rformance reg			Poor
Job Knowledge Performance Cooperation Dependability	s ability and pe	rformance reg			Poor
Job Knowledge Performance Cooperation	s ability and pe	rformance reg			Poor
Job Knowledge Performance Cooperation Dependability	s ability and pe	rformance reg			Poor
Job Knowledge Performance Cooperation Dependability Attendance	s ability and pe	rformance reg			Poor
Job Knowledge Performance Cooperation Dependability Attendance	s ability and pe	rformance reg			Poor