



## Roy Eaton Scholarship Application

The Decatur Fire Department Foundation is pleased to offer the Roy Eaton Scholarship to a graduating senior enrolled in Decatur High School who plans to pursue a career in the Fire Service. Applicants should exhibit mental & emotional fortitude, critical thinking, adaptability, teamwork, dedication, integrity and strong leadership qualities. Applicants should also be compassionate with a strong desire to serve the community.

The Roy Eaton Scholarship is awarded in the amount of \$2,000, payable to the selected recipient(s).

The Roy Eaton Scholarship application consists of the following:

- Application
- Copy of high school transcripts
- Copy of any college transcripts
- Three letters of recommendation
- Essay
- Interview

To be considered for the Scholarship, the entire application must be submitted with all supporting documents. Specific details are included within the application, so make sure that all instructions are followed. The completed application must be submitted to the Decatur Fire Department by 5:00 p.m. on Friday, April 3, 2026. If you have questions regarding the Scholarship or application process, contact Susan Gómez at the Decatur Fire Department (940) 393-0230.



# Roy Eaton Scholarship Application

Full Name of Applicant: \_\_\_\_\_  
(Last) (First) (Middle)

Street Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Phone Numbers: \_\_\_\_\_  
(Home) (Cell)

Email Address: \_\_\_\_\_

Date of Birth: (MM/DD/YYYY) \_\_\_\_\_ Sex:  Male  Female

Ethnicity:  American Indian/Alaska Native  Asian  
 Black/African American  Hispanic/Latino  
 Multi Racial  Native Hawaiian/Pacific Islander  
 White

High School Name/City/State: \_\_\_\_\_

Graduation Date: (MM/DD/YYYY) \_\_\_\_\_ High School GPA: \_\_\_\_\_

ACT Test Score: \_\_\_\_\_ SAT Test Score: \_\_\_\_\_

## Higher Education Goals:

Please list in order of preference:

Colleges: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Intended majors 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What is your career plan after college? \_\_\_\_\_



# Roy Eaton Scholarship Application

**Student's Employment Record:**

Business	Type of Work	Hours per Week	Dates Worked

**Please list all requested information including the years involved. Please be specific. (You may add additional pages if needed.)**

<b>Scholastic Awards</b> (Ex. Trustee, Honor Roll, History Award)	<b>Year/Years</b>

<b>Athletic Activities and Awards</b> (Ex. Track Team, Volleyball Captain)	<b>Year/Years</b>



# Roy Eaton Scholarship Application

**Other Extracurricular Activities, Awards, or Honors**

**Year/Years**

(Ex. Band, Eagle Scout)

_____	_____
_____	_____
_____	_____

**Hobbies, Talents, or Interests not listed above:**

**Year/Years**

(Ex. Piano lessons, youth groups)

_____	_____
_____	_____
_____	_____

Please attach:

- Copy of current high school transcripts
- Copy of any college transcripts
- Three letters of recommendation from a teacher, advisor, or another adult (one may include a family member)
- Essay outlining education goals, career goals, and how this Scholarship will help mold your career path in the Fire Service. Essay should be a minimum of one page with a maximum of three pages. Essay should be double spaced in 14 pt. Times New Roman font.
- Application must be submitted in person to the Decatur Fire Department by 5:00 pm on April 3, 2026.

**I certify that all information on this application is correct:**

\_\_\_\_\_  
Student's Signature and Date

\_\_\_\_\_  
Parent's Signature and Date



# Roy Eaton Scholarship Application

## RECOMMENDATION FORM

### PLEASE FOLLOW THESE INSTRUCTIONS EXACTLY

TO THE APPLICANT: Complete the top of the Recommendation Form before giving it to the people you have chosen to recommend you.

Chosen evaluators should be adults who can personally testify to your academic abilities and personal character.

Only one (1) of the chosen evaluators can be a relative.

No application will be considered complete without this information.

**IMPORTANT:**

- Be sure to complete the front of EACH letter of recommendation.
- Provide an envelope for the evaluator.
- Provide a copy of these instructions to each evaluator.

It is your responsibility to ensure that completed and signed letters of recommendation are submitted at the same time as your application to the Decatur Fire Department. **THE APPLICANT IS NOT TO OPEN THE SEALED LETTERS.**

**TO THE EVALUATOR:** The information that you supply concerning this applicant's personality and motivation are very important in the final evaluation. No application will be considered complete without this information.

**IMPORTANT:** After you have completed this recommendation, seal it in the provided envelope with the applicant's name written on the outside of the envelope.

Return the envelope to the applicant for submission to the Decatur Fire Department.



# Roy Eaton Scholarship Application

## LETTER OF RECOMMENDATION

Applicant's Name: \_\_\_\_\_  
Last First Middle

Applicant's Address: \_\_\_\_\_  
Street

City State Zip Code

1. How long have you known the applicant?

\_\_\_\_\_

2. Under what circumstances have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you believe the applicant has the ability and is likely to succeed in a post-secondary educational program? \_\_\_\_\_ Yes \_\_\_\_\_ No (Please explain why or why not)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Roy Eaton Scholarship Application

4. Based on your knowledge of the applicant, please answer the following questions:

a) What are the applicant's greatest strengths and assets?

---

---

---

---

---

---

---

---

b) What are the applicant's greatest weaknesses and liabilities?

---

---

---

---

---

---

---

---

5. Please summarize your primary reason for recommending this applicant — merit, need, etc.

---

---

---

---

---

---

---

---

---

---



# Roy Eaton Scholarship Application

(Continued)

---

---

---

---

---

---

---

---

---

---

(Attach additional pages if needed.)

(PLEASE PRINT)

Evaluator's Name: \_\_\_\_\_  
Last First Middle

Evaluator's Address: \_\_\_\_\_  
Street  
City State Zip Code

Occupation or Title: \_\_\_\_\_

Evaluator's Phone: \_\_\_\_\_ or \_\_\_\_\_  
Daytime Evening

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: This recommendation will not be considered complete without the evaluator's signature)