Northern New York Volunteer Firemen's Association, Inc.

APPLICATION FOR SCHOLARSHIP

Please Print or Type:

NAME_____PHONE_____
ADDRESS_____
CITY_____STATE____ZIP_____DATE OF BIRTH_____
CNTY OF RESIDENCE_____
FIRE DEPARTMENT_____
FIREFIGHTER RELATIONSHIP TO APPLICANT_____
NAME OF SCHOOL_____GRADE_____
NAME OF SCHOOLS APPLIED TO AND ACCEPTED_____
._____
._____
MOTHER'S NAME & OCCUPATION_____
FATHER'S NAME & OCCUPATION_____
PLEASE PROVIDE A SHORT ESSAY ON YOUR PROPOSED COURSE OF STUDY(BE SPECIFIC)
._____
._____
._____
_____
_____
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_____
_____
LIST YOUR FINAL EDUCATIONAL GOAL (BE SPECIFIC)_____
._____
._____
WHAT HAS BEEN YOUR AVERAGE DURING YOUR SCHOOL HISTORY_____
EXTRACURRICULAR ACTIVITIES PLEASE LIST:_____
._____
._____

FOR COMMITTEE USE

DATE APPLICATION RECEIVED:_____DATE ACTED UPON_____
RECCOMENDATION OF COMMITTEE MEMBERS_____
ACCEPTED FOR SCHOLARSHIP_____REJECTED FOR SCHOLARSHIP_____
NOTIFICATION OF APPROVAL_____
RECEIVED TRANSCRIPT_____GPA_____VOUCHER DATE_____
CHECK DATE_____SENT DATE_____

Please return to; Mr. Jerry Flanders, P.O. Box 534, Copenhagen, NY 13626