

Name _____

Address _____

Phone _____

E-mail: _____

Date of Birth _____

Type of Department: Paid _____

Volunteer _____

Other _____

Name of Department: _____

City, State, Zip _____

**INSTITUTION AND COURSE
INFORMATION**

_____ Associate Degree

_____ Bachelor Degree

Name of Institution _____

City, State, Zip _____

Major: _____

Course Dates _____ to _____

of Academic Credits Pursuing: _____

Tuition Cost _____

Description of course (from institution catalogue and attach copy of curriculum)

FINANCIAL INFORMATION

The following information is needed to assist the Committee in ascertaining needs.

Immediate family's annual income bracket?

Under \$20,000 _____

\$20,000 to \$30,000 _____

\$40,000 or more _____

Parents:

Father _____ Living _____ Deceased

Mother _____ Living _____ Deceased

Number of immediate family members attending college? _____

In applying for consideration I am aware that any grant will be applied against my tuition. In the event my course does not cost the full amount of the grant, I am eligible only for the amount of the tuition and I have no claim against the Association, the donor or the college for the remainder.

I declare that all statements herein are complete and correct to the best of my knowledge.

Signature _____

Date _____



**The
Firemen's
Association
Of the State of
Pennsylvania
Scholarship
Program**