



# Western Pennsylvania Firemen's Association APPLICATION FOR COLLEGE-LEVEL SCHOLARSHIP

Working for: (Check One)  Associate Degree  Bachelor Degree

Name:

Type of Department:  Paid  Volunteer  Other

\_\_\_\_\_  
Last First Middle

Home Address:

\_\_\_\_\_  
Name of Department

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City or Town State Zip Code

\_\_\_\_\_  
City or Town State Zip Code

\_\_\_\_\_  
Home Telephone Number Date of Birth

_____ Current W.P.F.A. Membership Card No.	_____ Name of Person Holding Card	_____ Relationship to Applicant
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## INSTITUTION AND COURSE INFORMATION

Name of Institution: \_\_\_\_\_

Course Dates \_\_\_\_\_ to \_\_\_\_\_

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

Academic Credit Granted: \_\_\_\_\_

Course Title and Number: \_\_\_\_\_

Tuition Cost: \_\_\_\_\_

Description of course (from institution's 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-\$30,000  \$40,000 and over

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 the statements herein are complete and correct to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## ENDORSEMENT BY FIRE DEPARTMENT

Fire Co. Title of Endorser \_\_\_\_\_

Not Recommended  Recommended

Reasons: \_\_\_\_\_  
\_\_\_\_\_

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