

SPRINGFIELD TOWNSHIP FIRE DEPARTMENT
SCHOLARSHIP APPLICATION FORM

Due to Fire Department Committee
by May 3rd.

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ - _____ - _____ E-MAIL: _____

PARENTS NAMES:

FATHER: _____ MOTHER: _____

ADDRESS: _____

GRADE POINT AVERAGE: (4.0 = A) _____

ATTESTED BY HIGH SCHOOL GUIDANCE COUNSELOR: _____

COURSE OF STUDY (college prep., business, ect.): _____

SCHOOL CHOSEN: _____

ADDRESS: _____

DATE OF ACCEPTANCE: _____

DATE YOU WILL START: _____

PROBABLE FIELD OF STUDY: _____

SECOND CHOICES: _____

TO WHAT SCHOOL-RELATED ORGANIZATIONS DO YOU BELONG?

TO WHAT NON-SCHOOL RELATED GROUPS DO YOU BELONG?

WHAT COMMUNITY SERVICE OR VOLUNTEER HAVE YOU DONE?

A BRIEF DESCRIPTION OF COURSE OF STUDY PICKED AND WHY?

REFERENCES PROVIDE THREE NON RELATED TO YOU:

Applicant Signature: _____

Date: _____

NOTE: Return to SLHS Guidance Counselor by May 3rd.
Scholarship Application Form (2012)