

NADVORNICK, JEFFRIES, BUCHER ISLIP TERRACE FIRE DEPARTMENT

LADIES AUXILIARY SCHOLARSHIP

NAME _____ DATE _____

ADDRESS _____ PHONE _____

CITY, STATE & ZIP _____

CRITERIA:

1. APPLICANT MUST LIVE IN THE ISLIP TERRACE FIRE DISTRICT
2. SERVICE TO SCHOOL, COMMUNITY OR GROUP
3. RECOMMENDATION FROM FACULTY, PRINCIPAL OR SPONSORING ORGANIZATION

FATHER'S OCCUPATION _____

MOTHER'S OCCUPATION _____

TOTAL FAMILY INCOME _____

OF DEPENDENTS AT HOME _____

OF BROTHERS/SISTERS IN COLLEGE _____

PLEASE DESCRIBE ANY FINANCIAL HARDSHIPS IN THE FAMILY

HAVE YOU RECEIVED ANY OTHER SCHOLARSHIPS OR FINANCIAL AWARDS?

WORK EXPERIENCE

COMMUNITY SERVICE

EXTRA CURRICULAR ACTIVITIES
