

# SPRINGFIELD TOWNSHIP FIRE DEPARTMENT

## SCHOLARSHIP APPLICATION FORM

Due to Fire Department Committee  
By April 15<sup>th</sup>,

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?

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Continued on back;

TO WHAT NON-SCHOOL RELATED GROUPS DO YOU BELONG?

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WHAT COMMUNITY SERVICE OR VOLUNTEER HAVE YOU DONE?

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A BRIEF DESCRIPTION OF COURSE OF STUDY PICKED AND WHY?

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REFERENCES PROVIDE THREE NON RELATED TO YOU:

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Applicant Signature: \_\_\_\_\_

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

NOTE: Return to SLHS Guidance Counselor by April 15<sup>th</sup>  
Scholarship Application Form (2012)