



**CAMBRIA COUNTY
REGIONAL
FIREFIGHTERS ASSOCIATION**

P.O. Box 244, St. Michael, Pennsylvania 15951
FEIN: 27-0227638

Website: www.cambriavolfireassn.com



Serving Emergency Responders in Cambria, Indiana, Somerset, Clearfield and Blair Counties

APPLICATION FOR COLLEGE-LEVEL SCHOLARSHIP

Working for: (check one) Associate Degree Bachelor Degree

Name: Last First Middle

Type of Department: Paid Volunteer Other

Home Address: Number and Street

Name of Department

City or Town State Zip Code

Number and Street

Home Telephone Number Date of Birth

City or Town State Zip Code

Current Membership Card No. or Year	Name of Person Holding Card	Relationship to Applicant
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INSTITUTION AND COURSE INFORMATION

Name of Institution

Course Dates: _____ to _____

Address City or Town State Zip Code

Academic Credit Granted: \$ _____

Home Telephone Number Date of Birth

Tuition Cost: \$ _____

Description of course (from Intuition'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 - \$39,999 \$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 tuition and I have no claim against the association, the donor, or the college for the remainder.

Applicant's Signature: _____ Date: _____



ENDORSEMENT BY FIRE DEPARTMENT

Fire Co. Title of Endorser: _____ Not Recommended Recommended

Reasons: _____

Signature: _____ Date: _____