

Southwest Virginia Firefighters Association Scholarship Application Form

APPLICANT	Name				
	Address	City	State	Zip Code	
	Phone Number EMAIL Addres	SS			
FIREFIGHTER STATUS	Name				
(applicant or applicants	Address	City	State	Zip Code	
parent/spouse)	Fire Department Name				
SWVFA Member?	Fire Department Address				
Yes No		f Phone Number			
CLASS / COURSE / SEMINAR INFORMATION	Course/Program		Please itemize any direct costs below to include registration, tuition, books, meals, lodging, transportation, etc.		
	Dates				
	Location				
	Contact Name	<u> </u>	<u>Item</u> <u>Cost</u>		
	Phone Number		\$		
			\$		
	Include copies of class / course / seminar descriptions and details if possible.		\$		
		Tot	Total Cost \$		
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WRITTEN STATEMENT	Please attach a statement indicating your background, educational goals, why you believe this educational program will be useful to you, and why you are applying for financial assistance. For organizational applications, include a description of the organization, how the educational program will benefit the organization, and why financial assistance is necessary. This statement will serve as a criterion for selection and should be typewritten using 12 point Arial font, double-spaced and no more than three total pages in length.				
I declare that all statements herein are complete and correct to the best of my knowledge. In applying for consideration, I am aware that the scholarship monies may be used against any expenses directly related to the pursuit of the educational opportunity listed above.					
Applicants signature Date					

Mail application to:

Southwest Virginia Firefighters Association Attention: Scholarship Committee 110 Depot Street Christiansburg, VA 24073