

The Delaware County Firemen's Association Scholarship Program Application

NAME: _____

ADDRESS: _____

TYPE OF DEPT:

PAID: _____ VOLUNTEER: _____ OTHER: _____

NAME OF DEPT: _____

ADDRESS: _____

NAME OF SCHOOL: _____

ADDRESS: _____

ASSOCIATE DEGREE: _____ BACHELOR DEGREE: _____

COURSE TITLE: _____ COURSE DATES _____

COURSE DESCRIPTION: _____

PREVIOUS ACADEMIC CREDIT: _____

TUITION COST: _____

FINANCIAL INFORMATION:

IMMEDIATE FAMILY INCOME: _____

IMMEDIATE FAMILY ATTENDING COLLEGE OTHER THEN YOURSELF: _____

HOW TO APPLY:

FILL OUT ALL SECTIONS OF THE APPLICATION AND ATTACH A STATEMENT OF WHY YOU ARE APPLYING FOR FINANCIAL ASSISTANCE. IN EVALUATING THE APPLICATIONS, PREFERENCE WILL BE GIVEN TO THOSE DEMONSTRATING NEED, DESIRE AND INITIATIVE. 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 AMOUNT OF THE TUITION AND I HAVE NO CLAIM AGAINST THE ASSOCIATION, THE DONOR OR THE COLLEGE FOR THE REMAINDER.

MAIL COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO:

SCHOLARSHIP COMPETITION
LAWRENCE J MADARA JR
CHAIRMAN
1101 CRESTVIEW RD
DARBY PA 19023

APPLICATIONS MUSTBE POSTMARKED BY JUNE 15TH, APPLICATIONS POSTMARKED AFTER JUNE 15TH WILL NOT BE CONSIDERED.

I DECLARE THAT ALL STATEMENTS HEREIN ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

DATE _____