

Piedmont North Carolina Firefighter's Association

Scholarship Application

NOTE: You MUST be a member or a dependent of a member of fire department who is a member of the Piedmont N.C.Firefighter's Association to apply for this scholarship.

Fire Department Name _____ County _____

Applicant Name (Last) _____ (First) _____ (MI) _____

Applicant Mailing Address _____

Phone Number (_____) _____ Social Security Number _____ - _____ - _____

How long have you been a member of your fire department? _____

Have you been accepted to a college, university or community college? Yes/No if yes please list all that you have been accepted to. _____

Date that you received or will receive a high school diploma from: Month _____ Year _____

Name of high school which you will receive the diploma from: _____

Cumulative High School G.P.A. (Un-weighted): _____ Class Rank _____ out of _____

Do you currently have a full time or part-time job: Yes/No

If "yes", Please state your title and provide information on the number of hours worked per week (average) and describe your work duties. _____

Please list the extra-curricular school related activities in which you are or have been involved during high school (for example, sports, band, clubs) and indicate any offices held and the amount of time per week you have spent involved in these activities (include number of years): _____

Please list any community or church related activities in which you are currently involved or were involved during high school (for example, scouts, 4-H, choir). Include the number of hours per week and the number of years that you have been involved. _____

Please list any honors or awards that you have received. _____

Parents or Guardians name and address _____

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Number of family members including yourself and your parents, guardians, as well as and other children or other people who live with and/or are supported primarily by your parents / guardian. _____

Number of family members who will be college students in the next two years, indicate if there are or will be full time or part-time students and if in a two or four year program (include yourself). _____

Please describe any unusual circumstances which affect your family's finances or any other circumstances that you want us to consider for this scholarship (example, physical or mental illness or disability of yourself, a dependent or parent). _____

Student Income

Last Tax Year Adjusted Gross Income (See Your Latest Tax Return.) _____

List any income or benefits received in last tax year which are not included in the above figure (such as interest on tax exempt bonds).

If no income tax return was filed, please explain why. _____

Have you received or do you anticipate receiving other scholarships or grants to pay for your education?

Yes/No If "yes", please identify the sources. _____

Do you anticipate applying for student loans to pay for your education? Yes/No

Parent / Guardian Income

Last Tax Year Adjusted Gross Income (See Your Latest Tax Return.) _____

List any other benefits or incomes which are not included in the above figure: _____

If no tax return was filed, please explain why. _____

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-Continued-

Student and Parent / Guardian Complete This Section

Please provide the value of the following assets owned by the applicant or parents of the applicant, these values may be estimated (put 0 if none).

	Student	Parent / Guardian
Home Value		
Home Debt (mortgage amount)		
Cash, Savings and checking		
Other real estate and investment Values (do not include the home above)		
Other real estate and investment debt		
Value of retirement plans or similar assets		
Business value (include the value of an interest in any type of business including sole proprietorship, partnership, corporation, or other entity)		
Business debt		

Items to obtain for scholarship package: (Application will be denied if the following items are not submitted)

*You must obtain a sealed letter of recommendation from your fire chief or from a community member.*you must obtain a sealed high school or college transcript.

All of the requested items along with this application must be submitted together and postmarked by March 31st.

Please date and sign this form to indicate that the information you have submitted is accurate and complete to the best of your knowledge.

Applicant Signature

Date

Check Scholarship Applied For:

Ted Armstrong Scholarship / \$ 2500 (First Year Student) - 2 Scholarship

\$ 1500 (Second or Third Year Student) - 2 Scholarships

Fire Chief Signature

Date