

SCHOLARSHIP APPLICATION

(ONLY TYPED APPLICATIONS ACCEPTED)

			Date		
Name of Applica	nt				
Address		City	County	State	Zip Code
Геlephone: Ho	ome ()	-)		·
Name of KPFFA Member			IAFF LOCAL #		
High School (City)		(State)	Date of Graduation/GED		
Currently Attend	ing College?	Where? (Name)		(City)	(State)
Course of Study	& Hours Completed/He	ours to Graduate?			
Guidance Counsellor (Name)			(Phone Number)		
	nces (No Relatives):				
(Name)	(Address)		(Phone)		(Relationship)
<u>2)</u> (Name)	(Address)		(Phone)		(Relationship)
3)	()		(: 110110)		(b)
(Name)	(Address)		(Phone)		(Relationship)

Please Answer the Following Questions on the Attached Sheets. When Answering, Please Precede Your Answer With the Reference Number of the Question Below.

- What Honors and/or Awards Have You Received?
- 2. What Activities and/or Community Service Projects are You or Have You Been Involved With?
- 8. What are Your Academic and Career Goals?
- 4. Do You Have any Additional Comments or Pertinent Information for us to Consider?

Write an Essay on the Following Topic. The Essay Must be Less Than 300 Words.



Topic: Describe Yourself, Your Educational Goals and Why You Should Be Awarded This Scholarship.



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(CONTINUED)

I hereby apply for the Kentucky Professional Firefighters Scholarship. Furthermore, I have read and meet all eligibility requirements.

I declare that all information contained in this application is true and correct to the best of my knowledge.

Applicant's Signature (Parent/Guardian if <18Years Old)	•	Date

All Applications and Correspondence Must be Typed and Submitted by Mail and Postmarked No Later Than December 31st, 2022. Mail To:

KENTUCKY PROFESSIONAL FIREFIGHTERS ASSOCIATION
C/O SCHOLARSHIP COMMITTEE CHAIRPERSON
P.O. Box 1594
Ashland, KENTUCKY 41105-1594

For Questions Please Contact Your Kentucky Professional Firefighters Association's Local President.