

SCHOLARSHIP APPLICATION

(ONLY TYPED APPLICATIONS ACCEPTED)

				Date	
Name of Applican	t				
Address		City	County	State	7in Oodo
	ne ()		-		Zip Code
Name of KPFFA Member			IAFF LOCAL #		
High School(City)		(State)	Date of Graduation/GED		
Currently Attending College? Where?			(City) (State)		
Course of Study 8	& Hours Completed/Hou	irs to Graduate?			
Guidance Counsellor			(Phone Number)		
Personal Reference	ces (No Relatives):				
1) (Name)	(Address)		(Phone)		(Relationship)
2) (Name)	(Address)		(Phone)		(Relationship)
3) (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.

- 1. What Honors and/or Awards Have You Received?
- 2. What Activities and/or Community Service Projects are You or Have You Been Involved With?
- 3. 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)
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All Applications and Correspondence Must be Typed and Submitted by Mail and Postmarked No Later Than December 31st, 2023. Mail To:

Date

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.