NEW JERSEY STATE FIRE CHIEFS' ASSOCIATION

APPLICATION FOR COLLEGE LEVEL SCHOLARSHIP

_____ _____

Name Name of Department

_____ _____

Home Address, Number and Street Fire Department Address, Number and Street

_____ _____

City State Zip City State Zip

Date of Birth_____ Length of Service_____

SSN_____ Type of Department: ___Career ___ Volunteer ___ Other

Home Phone: _____ Business Phone: _____

Education: Circle Year Completed: High School: 1 2 3 4 College: 1 2 3 4

Other: _____

Are you eligible for, or are you receiving, educational funding from another source? _____ Yes _____ No

If Yes, Explain: _____

_____

INSTITUTION AND COURSE INFORMATION

Name of Institution:_____ Course dates:_____

Address_____ Academic Credit Granted _____

Curriculum or Course Title and Number _____ Tuition Cost _____

Description of Course (From Institution's Catalog, or attach copy) _____

_____

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.

I declare that all statements herein are complete and correct to the best of my knowledge.

Applicant's Signature _____ Date _____

Certification of Eligibility of **Fire Department members for either Scholarship:**

Fire Department Officer _____ Title _____

Name typed or printed _____ Date _____

Certification of Eligibility for the Fortnum Scholarship by persons who are relatives of NJ State Fire Chiefs' Association members but are not fire department members:

_____ _____ _____

Member's Name **Membership Number** **Applicant's Relationship to member**