

SOUTH CAROLINA STATE ASSOCIATION OF FIRE CHIEFS

Scholarship Application Form

Deadline for Submission: _____ Award Date: _____

I. Personal Information:

1. Name: _____ Social Security No. _____
2. Mailing Address: _____
3. Street Address: _____
4. County: _____
5. Date of Birth: _____
6. Home Telephone: _____/Business Telephone: _____
7. Current Occupation: _____/Employer: _____
8. Marital Status: Single _____ Married _____ Other: _____
9. Member Name: _____ Dues Current: _____
10. Applicant's Relationship to Member (Spouse/Dependent Child: _____

II. Financial Information:

1. What is the source or sources of financial support:
Self _____ Spouse _____ Parents _____ Other _____
2. What is the total number of people living in your household? _____
3. What is the total number of family members that will be attending school during the current school year? _____
4. If you have children, will you have to pay for any child care during the current school year?

III. Academic Information:

1. Where do you attend school? _____

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2. What is your major? _____
3. Indicate your status: _____ New Student _____ Returning _____
4. Expected Date of Graduation _____
5. What is your current grade point average? _____
6. Please attach grade record (minimum of "C" required on all courses taken) for period
Scholarship is requested.

IV . Personal Essay:

On a separate sheet of paper, please type a short essay (maximum of 300 words) explaining why you think you deserve a scholarship. Include a description of any honors you have received, any organizations or civic activities in which you are involved, as well as any Personal information that will assist us in making our decision.

V. References:

Please provide the name, address and telephone number of at least two people in your community who can verify personal information about yourself.

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____
4. Name _____ Address _____ Phone _____

VI. Certification Statement:

Permission is hereby given to the South Carolina State Association of Fire Chiefs to contact references, as necessary to verify information on this application.

Signature _____ Date: _____

Awards are made for previous school year based on grade point average and application information.

**[Return to: South Carolina State Association of Fire Chiefs](#)
210 Guthrie Road
Belton, SC 29627**