

Highlands Emergency Services Alliance  
Annual Junior Firefighter Scholarship Program  
2010 Application

To be considered for the Junior Firefighter Scholarship Program, applicant must:

- Complete an application with ALL required attachments.
- Have the completed application and attachments delivered to the Allegheny-Kiski Health Foundation by the deadline of **April 30, 2010.**



# Highlands Emergency Services Alliance 2010 Annual Junior Firefighter Scholarship Program

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1. All items must be completed, please type or print legibly. Applications that are illegible will not be considered.
2. Please attach additional pages as necessary.
3. Completed applications, including the following attachments (except for academic and financial documentation mailed directly from schools, colleges or universities), are to be enclosed in one envelope and returned to the Allegheny-Kiski Health Foundation, P.O. Box 92, Natrona Heights, PA 15065. **Please check the due date on page one:**

- A copy of an official acceptance letter from your college, university, or technical school, including an affirmation of your major field of study.
- A letter from your college, university or technical school's financial aid office that provides the first year's cost of education and all scholarships, grants and financial aid that you will receive.
- Your high school transcripts and documentation of graduation.
- Minimum of 2.0 Grade Point Average (Required).

NAME \_\_\_\_\_  
(Last) (First) (Middle)

SEX \_\_\_\_\_ AGE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_

QUALITY POINT AVERAGE \_\_\_\_\_ SAT SCORE \_\_\_\_\_

LIST ANY AWARDS, CITATIONS, etc. THAT YOU HAVE EARNED:

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COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL THAT YOU WILL ATTEND

DATE THAT YOU WILL BEGIN SCHOOL

EXPECTED GRADUATION DATE

MAJOR FIELD OF STUDY

DEGREE YOU WILL BE WORKING TOWARDS

CAREER ASPIRATIONS

LIST RECENT VOLUNTEER and/or EMPLOYMENT EXPERIENCES

A. NAME OF ORGANIZATION or BUSINESS

DATES THAT YOU WORKED or VOLUNTEERED

to

NAME OF SUPERVISOR

PHONE

DESCRIPTION OF DUTIES

LIST ANY SIGNIFICANT EXTRACURRICULAR ACTIVITIES THAT YOU HAVE BEEN INVOLVED WITH, INCLUDING OFFICES HELD, WHETHER OR NOT THEY ARE SCHOOL SPONSORED (**OTHER THAT A FIRE DEPARTMENT**):

(dates of involvement)

(dates of involvement)

(dates of involvement)

(dates of involvement)

