

Southwestern Association Of Volunteer Firemen

2020 Scholarship Application

Name _____

Address _____

County _____ Phone _____ Email _____

High School _____

School Address _____

Guidance Counselor _____ Phone _____

College you will attend Fall, 2020 (attach acceptance letter)

Intended Major or Concentration of Study: _____

MEMBERSHIP : (You must check at least one category to be qualified to apply)

I am a member/junior member/ladies' auxiliary member/Fire Explorer (circle **one**) of a SWAVF member fire company/fire department in good standing.

Name of Fire Co./Dept. _____

I am the child/grandchild (circle **one or both**) of an active or exempt member or ladies' auxiliary member of a SWAVF member fire company/fire department in good standing,

Name of Fire Co./Dept. _____

Name of Parent/Grandparent _____

I am the child/grandchild (circle **one or both**) of an officer, past officer, life member, committee member, or annually registered member of the SWAVF or its Auxiliary.

Name of Parent/Grandparent _____

This Completed Application must be mailed together with required 2 letters of reference (see announcement), college acceptance letter, and 300 word essay describing your community volunteer activities to: Karoline Radke, Scholarship Chair, 121 Thorndale Ave., West Seneca, NY 14224. POSTMARK DEADLINE IS **15 APRIL 2019, NO EXCEPTIONS!**
