

Southwestern Association Of Volunteer Firemen

2018 Scholarship Application

Name _____

Address _____

Town _____ County _____ State ____ ZIP _____

Phone _____ Email _____

High School _____

School Address _____

Guidance Counselor _____ Phone _____

College you will attend Fall, 2018 (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, college acceptance letter, and 300 word essay entitled *Community Service as an Educational Experience* to: Ray Worth, SWAVF Scholarship Chair, 9300 Boston State Road, Boston, NY 14025. POSTMARK DEADLINE IS **15 APRIL 2018, NO EXCEPTIONS!**
