

# TOWN OF GUILFORD

FIRE DEPARTMENT 390 CHURCH STREET GUILFORD, CONNECTICUT 06437 SETTLED IN 1639

> TELEPHONE: (203) 453-8056 (203) 453-8057 FAX: (203) 453-8005

THE OLD STONE HOUSE

## GUILFORD VOLUNTEER FIRE DEPARTMENT SCHOLARSHIP APPLICATION

(Revised NOV.15, 2020)

| 1. Name of applicant |  |       |                    |
|----------------------|--|-------|--------------------|
|                      | LAST   | FIRST | MIDDLE             |
| 2. Home Address      |  |       |                    |
| 3. Home or cell phon | e number   |       |                    |
| 4. Date Of Birth     |  |       |                    |
| 5. Parent's Name     |  |       |                    |
| Parent's Address     |  |       |                    |
|                      | any members of your fa<br>If so, whom and what r |       |                    |
|                      | d during which years?<br>en awarded a GVFD sc    |       | year/s and in what |
|                      | ties: (past and present)                         |       |                    |
| B. Clubs             |  |       |                    |
|                      |  |       |                    |

GUILFORD VOLUNTEER F.D. SCHOLARSHIP APPLICATION (CONTINUED)

D. Other areas (including special talents)

| 8. | Please attach a one page biographical essay including activities, honors received, |  |
|----|--|--|
|    | career goals, and why you feel you should receive a scholarship from the Guilfo    |  |
|    | Volunteer Fire Department. What college(s) have you been accepted to?              |  |

#### THIS FORM MUST BE RETURNED ON OR BEFORE MAY 3, 2021 WITH A COPY OF YOUR TRANSCRIPT AND MOST RECENT REPORT CARD. IT WILL BE THE APPLICANTS RESPONSIBILITY TO OBTAIN TRANSCRIPTS AND REPORT CARD (IF APPLICABLE) AND FORWARD THEM WITH THE COMPLETED APPLICATION IN A SEALED ENVELOPE ADDRESSED TO:

### GUILFORD VOLUNTEER FIRE DEPARTMENT ATTENTION: SCHOLARSHIP COMMITTEE 390 CHURCH STREET GUILFORD, CT. 06437

Signatures below give permission for the Guilford Volunteer Fire Department Scholarship Committee to review scholastic transcripts and class rank of applicant. In consideration of the facts set forth in this application, I affirm that to the best of my knowledge, the foregoing information is correct.

DATE STUDENT'S SIGNATURE \_\_\_\_\_

#### SIGNATURE OF PARENT OR GUARDIAN

Applicants are encouraged to include any additional information that they may feel the Guilford Volunteer Fire Department Scholarship Committee should know in considering their application. If you have any questions regarding this application, please contact Chairperson Joe Nugent through Guilford Fire Headquarters at (203)453-8056. For those applicants who wish to have this application returned to them, please enclose a **SELF-ADDRESSED POSTAGE PAID ENVELOPE WITH THE APPLICATION.** 

GVFD SCH APPL 2021