New Haven County Firefighters Emerald Society

P.O. Box 16402 West Haven, CT 06516

Scholarship Program Application

APPLICANT INFORMATION:

_____ _____ _____
Last Name First Middle

_____
Address City State, Zip

_____ _____
Date of Birth (mm/dd/yy) Telephone Number

MEMBER INFORMATION:

_____ _____ _____
Last Name First Middle

_____
Address City State, Zip

_____ _____
Active or Retired Member Telephone Number

Scholarship(s) open to the children and grandchildren of Active or Retired Members. Applications must be returned no later than August 1st.

A copy of your high school transcripts should accompany this application.

Please mail applications to:

Scholarship Committee
New Haven County Firefighters
Emerald Society

118 Lake St., West Haven, CT 06516

SCHOOL INFORMATION:
Name_____
Address_____
Current Grade_____
Major/Course of Study_____

List all activities, awards and honors or attach a resume:

Write a short paragraph detailing your plans for the future: