

Vigilant Fire Company Scholarship

Applicant's Name _____ Date _____

Complete Home Address _____

Telephone # (_____) _____ - _____ Years at your present residence _____

E-Mail Address _____

Name of High School _____

Graduation Date _____ Grade Point Average (GPA) _____

Did you take (AP) college courses in High School? YES _____ NO _____ if yes, list the school(s) attended and course(s)

College program(s) of study _____

College, University or Technical School planning to attend _____

(Must attach acceptance letter for Fall Semester from this institution)

I, the undersigned verify that I am the sole author of this application and that all statements that are attached herein in support of this application are true and factual to the best of my knowledge. I have read the criteria for the scholarship and believe I am eligible. I authorize the Vigilant Fire Company, No.1 to verify any and all information submitted for this application. I understand that if I am a recipient of the Vigilant Scholarship, my award and name may be released to my school and media.

Applicants' Signature _____

Parent(s) / Guardian(s) Names _____

Parent(s) / Guardian(s) signature _____

