

2010
 Montgomery County Career Fire Fighters Association
 APPLICATION FOR SCHOLARSHIP

This application will be used to award a merit-based scholarship from the MCCFFA, IAFF Local 1664.

Please print legibly and be complete.

Student's Name	Social Security Number
Permanent Street Address	
City, State, Zip	
Phone Number	
Date of Birth:	Have you previously received a MCCFFA Scholarship? (Please Circle) YES NO
Name of Father	His Employer
Name of Mother	Her Employer
During the 2010 academic year, where will the student live? <input type="checkbox"/> on campus <input type="checkbox"/> apartment <input type="checkbox"/> with family	
Transfer Student? <input type="checkbox"/> yes <input type="checkbox"/> no	Major Specialization
Current College Status – Circle one Freshman, sophomore, Junior, Senior	Anticipated Graduation Date: ()
Indicate # of credits you will be registered for each semester: Fall <input type="checkbox"/> Spring <input type="checkbox"/>	
Name and location of high school last attended: Year Graduated _____	
Please list all scholarships you have been awarded previously and currently and the amount of the award:	
Name, address and phone number of University/Community College you wish to attend:	

The information that is provided in this application to the Montgomery County Career Fire Fighters Association will remain confidential unless authorized by the applicant.

(Please mark appropriate response)

	Yes	No
May this application be released to other person(s), organization or companies that may want to consider you for a scholarship?	[]	[]
May your academic records be released in relation to, receipt of, or application for scholarship assistance?	[]	[]
May your financial needs record (according to the FAFSA) be released if in relation to, receipt of, or application for scholarship assistance?	[]	[]

List current activities including clubs, honors, talents, etc.:

If necessary, explain additional factors related to your request for scholarship assistance:

I CERTIFY, THAT TO THE BEST OF MY KNOWLEDGE,
THE INFORMATION CONTAINED ABOVE IS TRUE AND
ACCURATE.

Signature of applicant

Date

*Application must be postmarked or delivered to the MCCFFA by April 30, 2010:
932 Hungerford Drive, Suite 33A
Rockville, MD 20850-1713*