## SUNAPEE FIRE DEPARTMENT ASSOCIATION

"Supporting our Fire & EMS First Responders"

Mailing Address P.O. Box 30 Sunapee, NH. 03782-0030 contact@sunapeefireassoc.org

President
Joseph Hampson
Vice President
Matt Gross

<u>Treasurer</u> Christopher Pankhurst <u>Clerk</u> Steven Marshall Members-At-Large Ryan Gill Brad Palmer

The Sunapee Fire Department Association is proud to be able to offer scholarships to graduates of Sunapee Middle-High School, Mount Royal Academy, Sunapee Homeschoolers, and Sunapee residents continuing their college education. Greater consideration will be given to applicants for this scholarship with a personal or family (current or retired) affiliation with a fire or EMS agency.

## \*APPLICATION FOR SCHOLARSHIP\*

(This application must be completed in its entirety)

## **BIOGRAPHICAL INFORMATION**

NAME:		AGE: _									
ADDRESS:											
	STREET	TOWN	STATE								
TELEPHONE #	<u></u>	_E-MAIL:									
INSTITUTION 7	ΓΟ ATTEND:										
DESIRED POST	SECONDARY DE	GREE(S):									
YEAR AND/OR	SEMESTER TO E	NTER:									
TOTAL COST TO ATTEND (TUITION, BOOKS, LABS FEES, HOUSING, ETC):											
are deriving supp	oort or financial assis	stance from any family	members, trust fu	nployment income, and/or nds, grants scholarships, ilable from all sources:							
AMOUNT OF A	DDITIONAL FUN	DING NEEDED:									
FAMILY INFO	<u>RMATION</u>										
MOTHER-( ) N	Married ( ) Si	ngle ( ) Remarrie	d								
NAME:		PHONE:									
ADDRESS:											

FATHER-() Married	( ) Single	( ) F	Remarried			
NAME:						
ADDRESS:						
NUMBER OF DEPENDAN	ITS IN THE FAN	MILY	Sisters	Brothers _		
NUMBERS OF OTHERS O	URRENTLY A	ΓΤΕΝ	DING COLLE	EGE:		
HIGH SCHOOL ACTIVITY include any school and tear organizations, Scouts any ho	n offices you have	ve hel	d in school, or			
HAVE YOU HELD ANY I		<u>SEAS</u>	SON JOBS:	Please attach a	statement listin	g any part
<b>DEGREE IMPACT:</b> Please services and/or EMS.	e attach a statem	ent th	at articulates	how your degr	ee will benefit	fire-rescue
ASSOCIATION TO A FIR listing any connections you EMS agency.						
LIST ANY ASSOCIATION Please attach a statement lis that provides first response	ting any connecti	ons y	ou have by far	nily or member		
Please attach a letter explair own, or family, situation that comfortable and understand you and include it with your	t will help us det s your family per	ermin sonal	e your need. P situation, not	lease ask some a relative, to wr	one with whom rite a recommer	you feel
<u>CERTIFICATION</u>						
All information contained in	this application	is true	e and complete	e to the best of	my knowledge	and belief.
SIGNATURE OF AP	PLICANT			DAT	E	
Return the fully completed	original signad	nnlice	ntion pookat as	nor vour guide	maa aaumaalar'	C.

Return the *fully completed*, *original signed* application packet as per your guidance counselor's instructions, or by **5 pm on May 15** to:

SFDA- Scholarship Committee PO Box 30 Sunapee, NH. 03782-0030

Questions may be directed to Steven Marshall, Chairman- SFDA Scholarship Committee secretary@sunapeefireassoc.org