

SUNAPEE FIRE DEPARTMENT ASSOCIATION

"Supporting our Fire & EMS First Responders"

Mailing Address
P.O. Box 30
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President
Richard Hamm
Vice-President
Christopher Seale

Treasurer
Christopher Pankhurst
Clerk
Steven Marshall

Members-At-Large
Corey Oxland
Darryl Sencabaugh

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 ZIP

TELEPHONE # (____) _____ E-MAIL: _____

INSTITUTION TO ATTEND: _____

DESIRED POST SECONDARY DEGREE(S): _____

YEAR AND/OR SEMESTER TO ENTER: _____

TOTAL COST TO ATTEND (TUITION, BOOKS, LABS FEES, HOUSING, ETC): _____

OTHER SCHOLARSHIPS AND/OR AID TO BE RECEIVED If you have employment income, and/or are deriving support or financial assistance from any family members, trust funds, grants scholarships, government aid or other funding source please provide your *total funding available from all sources*:

AMOUNT OF ADDITIONAL FUNDING NEEDED: _____

FAMILY INFORMATION

MOTHER- () Married () Single () Remarried

NAME: _____ PHONE: _____

ADDRESS: _____

FATHER- () Married () Single () Remarried

NAME: _____ PHONE: _____

ADDRESS: _____

NUMBER OF DEPENDANTS IN THE FAMILY: Sisters _____ Brothers _____

NUMBERS OF OTHERS CURRENTLY ATTENDING COLLEGE: _____

HIGH SCHOOL ACTIVITIES: Please attach a statement listing activities you have been involved, include any school and team offices you have held in school, on sports teams and in church, community organizations, Scouts any honors you have been awarded.

HAVE YOU HELD ANY PART TIME OR SEASON JOBS: Please attach a statement listing any part-time or seasonal employment you have held.

DEGREE IMPACT: Please attach a statement that articulates how your degree will benefit fire-rescue services and/or EMS.

ASSOCIATION TO A FIRE RESPONSE/SUPPRESION OR EMS AGENCY: Please attach a statement listing any connections you have by family or membership, to a municipal or private fire suppression or EMS agency.

LIST ANY ASSOCIATION TO ANY OTHER PUBLIC SAFETY/FIRST RESPONDER AGENCY:

Please attach a statement listing any connections you have by family or membership, to any other agency that provides first response or emergency care/response services.

Please attach a letter explaining why you need a scholarship. Include any unusual circumstances in your own, or family, situation that will help us determine your need. Please ask someone with whom you feel comfortable and understands your family personal situation, not a relative, to write a recommendation for you and include it with your application. All letters will be kept strictly confidential.

CERTIFICATION

All information contained in this application is true and complete to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

DATE

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