

VFA SCHOLARSHIP APPLICATION

Name: _____ Date: _____

Phone#: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

School you plan on attending _____

Your Expected Major _____

High School Record – This section is to be completed by a high school official.

Number of students in high school _____

Number of students in applicant's class _____

Cumulative Grade Point Average (GPA) _____ Class Rank _____

Expected Date of Graduation _____

SAT Scores Math _____ Verbal _____ Written _____ Total _____
and/or ACT Score _____

Signature _____ Name/Title _____

Explain your long-range goals for school and career. Describe what specific skills and personal values you want to foster in yourself to achieve these ends.

School/Local Awards and Honors. List up to five school or local awards/honors you have received. (For example, DAR Good Citizen Award, 4-H, Scholastic Athlete Award.)

CERTIFICATION If I am selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to The Volunteer Firefighter Alliance to use my likeness and name in announcing and promoting this scholarship program. I understand and agree that the Scholarship Selection Committee is solely responsible for the selection of the scholarship winners and its decision is final. I grant permission to the school of higher education I attend to release information concerning my enrollment status, academic standing and financial need to The Volunteer Firefighter Alliance for use in administering my scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in termination of the Volunteer Firefighter Alliance Scholarship.

_____ Date _____
Student Signature

**Submit Applications to:
Volunteer Firefighter Alliance
P.O. Box 64
Bulls Gap, TN 37711**