



RIVERVIEW VOLUNTEER FIREFIGHTER SCHOLARSHIP

Applicants Name: _____

Home Address: _____

Daytime Phone Number: _____

Email Address: _____

DOB: _____

Education (Program): _____

Other Grants/Scholarships Applied For: _____

Other Grants/Scholarships Granted: _____

Name of School you will be attending: _____

Address: _____

LIST EXTRA CURRICULAR ACTIVITIES: Clubs, Sports, Organizations etc. (Please include dates):

List Awards or Honors:

Are you employed? YES or NO

If yes, by whom and job description:

Please include a statement with reference to below:

Your personal, educational, and career goals

You may provide an explanation for lack of involvement under special circumstances, such as financial hardship, family responsibilities, etc.

Or any other information you want the Committee to consider

Are you related to a Riverview Firefighter? If so, whom? _____

I certify that all of the information contained within this application and attachment is accurate. I understand that the school may verify all the information I have provided as part of my application for this scholarship.

Signature:

Date:

Eligibility: Preference will be given to high school graduates who are daughters/sons of Riverview firefighters. Must be attending a university/college or other educational institution full time.

Amount: \$250

Deadline: May15th

Final decision will be made by the Executive of Riverview Volunteer Firefighters Association.

Please return this application to:

RIVERVIEW VOLUNTEER FIREFIGHTERS' ASSOCIATION

650 Pinewood Road

Riverview, NB

E1B 5M7

ATT: Executive Committee