Riverview Professional Fire Fighters Association
Local 2549

Application for Scholarship

Name: _____ Phone: _____
Address: _____ Email: _____
_____

Schools you have attended: _____
What do you plan to study and where? _____
How many years is your program? _____
Education goal: _____
Approximate average: _____ Grad rank after 1st term, if you know it _____

Community Activities you have been involved in:

_____
_____
_____

School Activities you have been involved in:

_____
_____
_____

List any special awards or achievements you have received:

_____
_____

Hobbies and/or other interests:

_____
_____
_____

Are you a relative of a Riverview Professional Fire Fighter? Yes ☐ No ☐
If Yes, whom? _____

This $500.00 Scholarship is awarded annually to a resident of Riverview, upon receipt of an official letter confirming attendance at a post secondary institution. Preference will be shown to students related to an R.P.F.F.A member and furthering their education in the field of Public Service.

Please mail application to: (postmarked no later then May 15)

Riverview Professional Fire Fighters Association
Attn: Scholarship Committee
650 Pinewood Road
Riverview, NB
E1B 5M7

Applicant's Signature: _____

Parent / Guardian Signature: _____

The information requested will be used to assist the R.P.F.F.A. Scholarship Committee and will be treated confidentially.
Please feel free to provide additional information or a resume if necessary.