



## **COLORADO FALLEN FIREFIGHTERS FOUNDATION SCHOLARSHIP APPLICATION**

The Colorado Fallen Firefighters Foundation offers financial assistance for post - secondary education and training to spouses, children, and stepchildren of firefighters honored at the Colorado Fallen Firefighters Memorial. Children and stepchildren must be under age 30 and have been under the age of 22 at the time of the firefighter's death.

Applications must be postmarked by August 1 for fall semester consideration.

Applications must be postmarked by January 1 for spring semester consideration.

Please type or print legibly in black ink all information. The Foundation considers all information strictly confidential. Please note that the Scholarship Committee will not consider incomplete applications.

### **APPLICANT INFORMATION**

Applicant's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (m.i.) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: / / Social Security Number: \_\_\_\_\_

### **FAMILY INFORMATION**

Applicant's relationship to Fallen Firefighter: \_\_\_\_\_

Fallen Firefighter's Name: \_\_\_\_\_

Date of Death \_\_\_\_\_

Department / District Affiliation \_\_\_\_\_ City: \_\_\_\_\_

### **ACADEMIC INFORMATION**

Name of Institution you will attend: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Degree Program/Course of Study \_\_\_\_\_

# REQUIRED ATTACHMENTS

## Academic Information:

For applicants who have graduated from high school within the past five years and have not enrolled in any post-secondary study, a copy of your diploma or equivalency and an official transcript shall be attached to this application. A minimum of a 2.0 grade point average is required to qualify for this scholarship program.

For students now enrolled in a post-secondary course of study, a current transcript, and a report of current course status shall be included with this application. If this is unavailable, provide a statement from a college counselor describing your academic performance to date. Counselor contact information must be included. You may also provide a high school transcript.

For adults planning to return to school, please attach a brief statement explaining your current academic goals. You may also include any information or circumstances that have contributed to your decision to attain a formal education, including financial hardship.

## Extracurricular/Community/Volunteer Activities

Please provide a list of your participation in extracurricular, community, and/or volunteer activities.

## Letters of Recommendation

Two letters of recommendation; at least one from a member of the fire service.

## Personal Letter of Interest

Write a two-page, maximum, letter stating why you want to receive a Foundation Scholarship, what you intend to do once you have completed your education, and any other information you would like the Committee to know about you. Attach a recent photograph.

## Certification

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please mail all required information, this form, and any separate letters of recommendation to:

Scholarship Committee  
The Colorado Fallen Firefighters Foundation  
PO Box 470097  
Aurora, CO 80047-0097