



Town of Babylon Volunteer Firemen's Association

Due in
Counseling Center
by April 24, 2020

ORGANIZED 1931

PO Box 1655, West Babylon, NY 11704

2020

Scholarship Application Rules & Instructions

Eligibility:

- *Junior Firefighter, Past Junior Firefighter or Children & Grandchildren of an Active Firefighter in "Good Standing" in the TOB.*
- *Must be within the top 50 percent of the Senior class.*
- *A graduating Senior with a letter of acceptance from accredited College or University.*
- *A completed application packet postmarked no later than May 1st.*
- *Two letters of recommendation from teachers.*
- *One letter from a guidance counselor*
- *A current school transcript.*
- *A letter of affiliation and recommendation from the applicant's Chief.*

Awards will be presented to the winners at the June Meeting with proof of registration at an accredited institution of higher learning.

Winners will receive a check made payable to the recipient. Amount to be decided by the committee. The decision of the Committee is final.

Submit application to: **Scholarship Committee**
Town of Babylon Volunteer Firemen's Association
PO BOX 1655
West Babylon, NY 11704

Town of Babylon Volunteer Fireman's Association

Scholarship Award Program

STUDENT APPLICATION FORM

INSTRUCTIONS: To apply for the Scholarship, this application, together with all requested supporting Documents must be submitted by: May 1st.

Applicant	Last Name	First	Middle	Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Age	Social Security Number last 4 digits
Home Address Street				Telephone Number ()		Applicant normally lives:		
City				State		Zip		
				Are you a citizen of the U.S.?		<input type="checkbox"/> With parent(s) <input type="checkbox"/> Alone <input type="checkbox"/> With roommates <input type="checkbox"/> Spouse		
Applicant's Family (check those living)		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian		Check those that apply		<input type="checkbox"/> Parents living together <input type="checkbox"/> Parents separated <input type="checkbox"/> Parents divorced <input type="checkbox"/> Student had legal guardian <input type="checkbox"/> Father unable to work		Are there any unusual family circumstances of which we should be aware?
								<input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, explain on separate page)

FAMILY: Please include FULL Names	AGE	OCCUPATION	EDUCATION BACKGROUND	LIVING AT HOME
Father				
Mother				
Sister/Brother(s)				

APPLICANT'S EDUCATIONAL BACKGROUND: List ALL Schools attended to date:

NAME OF SCHOOL	CITY AND STATE	DATE	from	to	COURSE OR PROGRAM OF STUDY
Junior High School					
High School					
Other Schools					
Colleges attended					
Estimated H.S. Graduation average:	Anticipated date of College entrance:	Courses enjoyed most			

EMPLOYMENT EXPERIENCE: Type of job	Type of Firm	Wages	Date of employment	Your comments about the position

List possible career goal, if any, and reasons why
