

THIS SCHOLARSHIP APPLICATION MUST BE COMPLETELY FILLED OUT. PLACE **N/A** IF SOMETHING DOES NOT APPLY. DO NOT LEAVE ANY SECTION BLANK

Applicant's General Information

Applicants Name:							
LAST		FIRST		MI			
Address:			NY				
STREET	CITY		STATE	ZIP			
COUNTY within NYS:	Phone:	Email:					
Parent's Name:	Оссир	ation:					
Parent's Name:	Оссир	ation:					
Number of siblings in the same household attending Co	ollege:						
High School:	Guidar	nce Counselor:					
Intended Major of Study:							
List any community organization which you have been a member and length of time participating: List any School extracurricular activities you have participated in:							
How are you affiliated with your Fire Department/District? Check all that apply							
I am related to a Firefighter OR Fire District Officer	RELATIONSHIP	I am a firefighter	🔲 I am an E	xplorer or Jr. Firefighter			
Name of your Fire District:							
Name of your Fire Department:							

ALL APPLICATION MUST BE RECEIVED OR POST MARKED BY MARCH 2, 2024 Mail to: AFDSNY PO Box 433, Wading River, NY 11792



THIS MUST BE COMPLETED BY A PERSON WHO IS A MEMBER OF THE FIRE DISTRICT OR AFFILIATED MEMBER ORGAIZATION OF THE ASSOCIATION OF FIRE DISTRICT OF THE STATE OF NEW YORK.

Fire Service I	Reference
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Applicants Name:			_	
Your Name:		Title:		
Your Phone:	_ Email:			
Fire District:		Cou	nty:	
How long have you known the applicant?:				

BRIEFLY DESCRIBE THE NATURE OF YOUR ACQUAINTANCE WITH THE APPLICANT AND ANY PERSONAL TRAITS OR QUALITIES THAT YOU CONSIDER EXCEPTIONAL OR OUTSTANDING.



THIS FORM MUST BE COMPLETED BY THE APPLICANT'S GUIDANCE COUNSELOR

Guidance Counselor Reference

Applicants Name: _____

Guidance Counselor's Name:

High School:_____

PLEASE DESCRIBE THE APPLICANT'S PARTICIPATION AND ACCOMPLISHMENTS IN HER/HIS CAREER AS A STUDENT UNDER YOUR GUIDANCE. WE WOULD BE PARTICULARLY INTERESED IN HOW SHE/HE RELATED TO OTHER STUDENTS, FACULTY, ADMINISTRATION, AND OTHER SUPPORT PERSONNEL. IF THERE IS OTHER INFORMATION THAT YOU FEEL MIGHT HELP THE SELECTION COMMITTEE, PLEASE FEEL FREE TO COMMENT. WE ARE LOOKING FOR A DESERVING STUDENT WHO IS PLANNING A CAREEER IN SOME TYPE OF COMMUNITY SERVICES.



THIS FORM MUST BE COMPLETED BY A PERSON WHO IS **NOT:** A RELATIVE, A HIGH SCHOOL OR COLLEGE TEACHER, MEMBER OF THE APPLICANTS HIGH SCHOOL ADMINISTRATION OR A MEMBER OF THE APPLICANTS FIRE DEPARTMENT OR DISTRICT

Applicants Name: ______

Your Name: ______ Your Phone: ______

Your Email:______ How long have you known applicant:______

BRIEFLY DESCRIBE THE NATURE OF YOUR ACQUAINTANCE WITH THE APPLICANT. PLEASE DESCRIBE ANY PERSONAL TRAITS OR QUALITIES OF THE APPLICANT THAT YOU CONSIDER EXCEPTIONAL OR OUTSTANDING



APPLICANT MUST COMPLETE A 200 WORD OR LESS, TYPED ESSAY IN THEIR OWN WORDS.

Applicant's Essay

Applicants Name: ______

IN YOUR OWN WORDS EXPLAIN HOW THIS SCHOLARSHIP WILL ASSIST YOU OR WHAT IT WOULD MEAN TO YOU AND YOUR FAMILY