



# Vinita Fire Department Local #2814 Scholarship

203 W Canadian  
Vinita, Ok 74301  
Phone (918) 256-2674  
Due May 1, 2019

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

Name of the college, university, institution, vocational, or technical school you will be attending:

\_\_\_\_\_

Field of Study, Major, or anticipated training you anticipate to receive from aforementioned school:

\_\_\_\_\_

ACT Scores: English: \_\_\_\_\_ Math: \_\_\_\_\_ Reading: \_\_\_\_\_ Science: \_\_\_\_\_ Composite: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Financial Need: In the space provided, please indicate the figure that best describes your family's annual income:

\_\_\_\_\_ Under \$20,000

\_\_\_\_\_ \$20,000 - \$35,000

\_\_\_\_\_ \$35,000-\$50,000

\_\_\_\_\_ \$50,000-\$65,000

\_\_\_\_\_ Over \$65,000

Total number of family members (including applicant) living at home: \_\_\_\_\_

Children/sibling's Ages: \_\_\_\_\_ Number attending college: \_\_\_\_\_



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Extracurricular Activities:

Honors and Awards:

Community or other activities:

Are you now employed? Yes    No    If yes, where and what type of work:

Please provide two character references not related to you. Include Name, phone number, and how known to the person:

1. \_\_\_\_\_

2. \_\_\_\_\_



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Please note order of preference for award:

1. Fire Service Related Training
2. Emergency Medical Training
3. Emergency Management
4. Health Care Related Fields
5. All Other fields