



Vinita Firefighters Local 2814 Scholarship

203 W Canadian
Vinita, Ok 74301
Phone (918) 256-2674

Due May 3, 2021

to the Counseling Center

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: _____



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Children/sibling's Ages: _____ Number attending college: _____

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. _____