



Rock Hill Fire Department

Scholarship Application

Date _____ Name _____ Age _____

Address _____

Phone# _____ Cell # _____ Email _____

Parent's Names _____

Total Number in Family _____ Attending College _____

Name of High School _____

Rank in Class _____ Out of _____

Grade Point Average _____

Schools in which you have been Accepted to _____

Field of Study _____

Offices and Honors _____

School sports _____

Job or internship experience _____

Signed by _____ Date _____

Instruction and Guidelines

Scholarship(s) consideration is to be as follows:

First priority shall be to a Rock Hill Member then to an immediate family member of a Rock Hill Firefighter and then to a resident of the Rock Hill Fire District.

Include a short typed essay about yourself, the college you are planning on attending and any community activities you have done.

Deadline is May 1st.

Return to: Rock Hill Fire Department,
Attention Scholarship Committee
PO Box 116
Rock Hill, NY 12775