

**LOS ANGELES COUNTY FIRE DEPARTMENT FIREFIGHTERS MEMORIAL, INC.
WIDOWS AND ORHANS FUND**

COLLEGE SCHOLARSHIP APPLICATION

<i>Please type or print.</i>					
Student Name:					
Street Address:					
City:		State:		Zip Code	
Home Phone:		Date of Birth:			
E-Mail Address:					
Qualifying Employee Name: _____					
Parent/Guardian Name: _____ Contact Phone Number: _____					
High School:		Date of Graduation			
Address:		State:		Zip Code:	
Name of school to be attending (or currently attending). If no commitment has been made, list all schools where you are undergoing the admissions process:					
Name and amounts of any college scholarships or grants which been awarded for this academic year.					
Honors or awards received in high school or college:					

COMMUNITY SERVICE ACTIVITIES

NAME:			
Please list your extra-curricular and community service activities:			
Name of Organization:	Description of Activity:	Approximate Dates of Participation:	Contact Person:

PERSONAL STATEMENT

NAME:	
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<p>Personal Statements: The statement must be in the applicant's own words. Outline personal goals, objectives in college, career ambitions, and any additional which you would like to present (you may use this form or include an attachment):</p>

PERSONAL STATEMENT (continued)

NAME:	

I hereby affirm that all the above stated information provided is true and correct to the best of my knowledge.

Signature of Applicant: _____ **Date:** _____