



The Main Line Chamber F O U N D A T I O N

2017 SCHOLARSHIP PROGRAM FOR VOLUNTEER FIREFIGHTERS AND EMERGENCY MEDICAL TECHNICIANS OF THE MAIN LINE Scholarship Application

Due no later than April 10, 2017

In order to qualify for this scholarship, you must be:

- 1 Currently an **active volunteer** firefighter or emergency medical technician (EMT) with one of the Main Line's volunteer fire and/or ambulance companies
- 2 Have been an active volunteer firefighter or emergency medical technician with this company for AT LEAST SIX MONTHS
- 3 Recipients may be selected on the basis of participation in school and community, unusual personal or family circumstance, financial need, years as volunteer.

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Business Telephone #: _____

Cell Phone #: _____ E-mail address: _____

Date of Birth: _____ Marital Status: _____

1) With which fire company/ems organization are you a member of? _____

2) Have you received a scholarship from The Main Line Chamber Foundation before? Yes No

If yes, when?

3) Name of High School: _____ Year of Graduation: _____

4) Cumulative GPA: High School: _____ College (if applicable): _____

5) At which two-or four-year college or university are you enrolled? _____

6) Are you/will you be enrolled as a full-time student? Yes No

If no, indicate the number of credits you will take per term _____

7) Are you currently enrolled as a full time student? Yes No

If yes, how many credits do you have remaining? _____

8) Will you continue to serve as an active volunteer firefighter or EMT while attending college? Yes No

If yes, name of fire company _____

9) Are any members of your family current or former volunteer firefighters or emergency medical technicians? Yes No

If yes, please provide details:

10) While attending college, will you live on campus, off campus, or in your own home?

On campus Off campus At home

11) Please explain in 100 words or less why you are a volunteer firefighter or emergency medical technician.

12) Please describe any community service activities other than your work with emergency services.

13) Please indicate how you are paying for your college education? (Indicate in general terms and or percentages, not specific dollar amounts, whether using loans, parental support, scholarships, own money, or other means to cover costs.)

14) Indicate in 100 words or less why you feel The Main Line Chamber Foundation should make you one of the recipients of a college scholarship.

15) Do you consider yourself to have a high degree of financial need with respect to your ability to attend college?

Yes No Please elaborate on your answer.

16) Do you plan on working full or part time while attending college. Yes No If yes, please provide details.

17) Do you plan on continuing to serve as a volunteer fire/ems service upon completing school?

Yes No Please provide details on why or why not.

18) Additional Information [optional] (For example, a story about an experience while volunteering that cemented your desire to be a firefighter or EMT)

Applicant must read and sign below to be considered for the scholarship:

I have read the criteria for The Main Line Chamber Foundation Volunteer Firefighter and Emergency Medical Technician Scholarship Program, and I acknowledge that I meet all the stated criteria. I confirm that the information included in this application is true and correct to the best of my knowledge. I certify that neither I nor any member of my immediate family is employed by The Main Line Chamber Foundation or The Main Line Chamber of Commerce. I give permission for The Main Line Chamber Foundation to release information about me and the name and amount of the scholarship if I am awarded a scholarship based on this application.

If this application is chosen for a scholarship award, checks will be made payable to the school and the recipient. Checks must be deposited OR returned to the Main Line Chamber foundation within 6 months of award. Failure to notify the Main Line Chamber Foundation of unused funds within this timeframe will result in disqualification for future scholarships.

Signature of Applicant: _____ Date _____

Signature of Chief Officer and/or Fire Company President (FF) or EMS Chief/Captain (EMT) recommending this applicant.

Name (Please Print): _____ Title: _____ Date _____

Signature: _____ E-mail: _____ Phone : _____

***** For

Official Use Only : Received By : _____ Date Received :

_____ Reviewed Date :

_____ Scholarship Status : _____ Approved _____ Denied Reason for

denial : _____

Scholarship Award Amount : __\$ _____

Note to Applicant:

Mail the completed application to the following address:

Main Line Chamber Foundation 175 Strafford Ave Suite 130 Wayne, PA 19087

Application deadline is April 10, 2017

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