

Schuylkill County Volunteer Firefighters' Association
2025/26 Scholarship Program

Student Application Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

2025/26 Class of _____ High School

Parent Certification (If Applicable)

Parent's Name: _____

Parent's Organization: _____

By signing this application I certify that I am a current member of an organization which is a member of the Schuylkill County Volunteer Firefighter's Association.

Parent's Signature: _____ Date: _____

Junior Firefighter Certification (If Applicable)

Junior Firefighter's Organization: _____

Organizational Certification

I certify that (Parent or Junior Member's name) _____ is an active member with at least 5 years active service, or a junior member with at least 2 years service, and is in good standing with (name of organization) _____.

Officer's Name: _____

Office: _____

Phone Number: _____

Signature of Officer: _____ Date: _____

Attachments

- () Copy of letter of acceptance to school of choice
- () Letter of recommendation (**from high school teacher, on school letterhead**)

Applicant Certification

I understand that my signature certifies that all information submitted on this application and attachments are true to my knowledge.

Signature of Applicant: _____ Date: _____

Application must be returned by May 31, 2026 to:
c/o Schuylkill County Volunteer Firefighter's Association
100 Ricks Road
New Ringgold PA 17960