

Akron Fire Company
College Scholarship Program
Original date: 6/28/11



Revision
Rev. Date:
Page 1 of 2

SAFER Grant: Scholarship Application

Program you are applying for:

_____ New Recruit College Scholarship Program

Firematic # _____

_____ Member Educational Program

_____ Family Educational Program

Date: _____

Year Applying For: _____

Name: _____

Phone #: _____

Address: _____

City: _____

Zip Code: _____

I _____ have read and understand the Standard Operating Guidelines, and will abide by these procedures as required. I also understand that if my Active membership in the Akron Fire Company is terminated or ended for any reason, that I will be fully responsible for all unpaid fees and costs associated with the educational institution.

Signed: _____

Received by: _____

Total Award Amount: _____

Fall Semester Amount: _____

Spring Semester Amount: _____

Additional Amount if any: _____

Akron Fire Company
College Scholarship Program
Original date: 6/28/11



Revision
Rev. Date:
Page 2 of 2

SAFER Grant: Scholarship Application

Higher Education Institution: (Circle one) 4-year 2-year Other

Institution Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Is this where a payment in your name should be made? (Circle one) Yes No

If no, where should a payment be made?

Institution Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Has the applicant met the proper requirements? Yes No

Received By: _____

If no, what part of the Guidelines were not met?

Grades/Certificate of Completion not turned in: _____

Member in Good Standing: _____

Other: _____

Corrective Actions if any: _____
