

MARYLAND STATE FIREMEN'S ASSOCIATION
Supplemental Scholarship Application Form

NAME:

HOME ADDRESS:

HOME TELEPHONE NO:

DATE OF BIRTH: _____ --- _____ --- _____

SOCIAL SECURITY NO: _____ --- _____ --- _____

NAME OF INSTITUTION: _____

MAILING ADDRESS: _____

MAJOR: _____

LIST ALL COURSES TAKEN TO DATE (ATTACH COPY OF OFFICIAL

TRANSCRIPT. _____

SCHOLASTIC HONORS RECEIVED IN COLLEGE:

PROJECTED DATE OF GRADUATION: _____

**SCHOOL & COMMUNITY ACTIVITIES IN WHICH YOU PARTICIPATED IN
COLLEGE (INCLUDE OFFICES HELD):**

LIST ANY OTHER FINANCIAL ASSISTANCE OPPORTUNITIES YOU HAVE

APPLIED FOR: _____

**LIST ANY OTHER FINANCIAL ASSISTANCE OPPORTUNITIES YOU HAVE BEEN
AWARDED** _____

NAME OF FIRE DEPARTMENT/AUXILIARY: _____

MAILING ADDRESS: _____

**I HEREBY DECLARE THAT ALL OF THE ABOVE INFORMATION IS COMPLETE
AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

DATE: ____/____/____ **SIGNATURE:** _____

**PLEASE RETURN THE COMPLETED APPLICATION TO THE CHAIRMAN, AT THE
ADDRESS INDICATED BELOW NO LATER THEN APRIL 15 OF THE ACADEMIC
YEAR IN WHICH CONTINUED COLLEGE SUPPORT IS REQUESTED.
ELECTRONIC SUBMISSIONS WILL BE ACCEPTED.**

**IN ORDER TO BE COMPLETE, YOUR SUPPLEMENTAL APPLICATION MUST
INCLUDE A LETTER OF RECOMMENDATION SIGNED BY THE CHIEF OFFICER
OF YOUR FIRE OR EMS DEPARTMENT/COMPANY AND AN OFFICIAL
TRANSCRIPT OF YOUR LATEST COLLEGE GRADES.**

**Ronald Jon Siarnicki, Chair
Maryland State Firemen's Association Scholarship Committee
216 Queen Anne Club Drive
Stevensville, MD 21666
rsiarnicki@aol.com**