



Dear Scholarship Candidate,

The **Peoria Firefighters Charities**, a non-profit group made up of Peoria Firefighters, will be offering a scholarship in the amount of \$1,000 for the 2009/2010 academic school year. This scholarship may be used at any university, community college or vocational school in Arizona. Once accepted and enrolled for the 2009/2010 academic school year arrangements will be made to access the scholarship funds. The student's academic progress and citizenship will be monitored periodically.

To apply for the "Peoria Firefighters Scholarship" the following must be submitted to:

Captain Danny Comella
Peoria Fire Department
8401 W. Monroe Street
Peoria, Arizona 85345

Applications must be postmarked no later than **April 15, 2009**. Applications and information may also be found at <http://www.peoriaaz.gov/content2.asp?id=1861>

- **Completed application form.**
- **Copy of your most recent transcripts.**
- **Two recommendation letters from high school counselors, administrators, and/or teachers.**
- **Personal Essay (2 to 3 pages typed and double spaced)**

Personal Essay: Briefly introduce yourself and focus on one or two of your principal interests. Address why you need this scholarship. What are your career plans? Explain what you would like your life to be in five years and how you plan to fulfill that goal. Include any community service involvement.



APPLICATION FOR SCHOLARSHIP – 2009/2010

Full Legal Name _____

Gender _____ **Age** _____ **Date of Birth** ____/____/____

Permanent Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Contact Phone Numbers: Home () _____ - _____

Cell () _____ - _____

High School:

Name of High School _____

Graduation Date _____

I will be attending: _____

Type of School: ___ University/College ___ Community College ___ Vocational/Technical

Planned college major _____ to prepare for a career in _____

Have you been awarded any other scholarships? _____

Family Information:

Father's Name _____ Occupation & Employer _____

Mother's Name _____ Occupation & Employer _____

Parent's combined annual income before taxes _____

Number of dependents and ages, excluding father and mother _____

Number of siblings (not counting yourself) attending college/vocational school next year? _____

Student Signature _____ **Date** _____

By signing this form, I affirm that the information provided on this application form is true, correct and complete. Any false statements, misrepresentations or omissions will be cause for cancellation of the scholarship application process.