

United Phoenix Fire Fighters Association Local 493  
2018 Official Scholarship Application

**Must be a Graduating High School Senior- Class of 2018**

**Application Is Due By 3:30 PM On February 16, 2018**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

High School: \_\_\_\_\_

GPA: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Clubs: \_\_\_\_\_

\_\_\_\_\_

Sports: \_\_\_\_\_

Employment History: \_\_\_\_\_

\_\_\_\_\_

Volunteer/Community Service Work: \_\_\_\_\_

\_\_\_\_\_

List in order of preference, the colleges to which you intend to apply for admission:  
(Please do not abbreviate names of colleges.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**THIS PORTION OF THE APPLICATION MUST BE COMPLETE**

**Must be the son, step-son, daughter, step-daughter of an Active or Retired Member of  
Local 493 in good standing**

Name of Member: \_\_\_\_\_

Relationship of Member to Applicant: \_\_\_\_\_

Members Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Member is Employed By: \_\_\_\_\_ as a \_\_\_\_\_

Station: \_\_\_\_\_ Shift: \_\_\_\_\_ (Job Classification)

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**To be filled out by the Secretary of Local 493**

I hereby certify that the above member is in good standing as of \_\_\_\_\_

(Please list date)

Signed \_\_\_\_\_ Date \_\_\_\_\_