

**United Phoenix Fire Fighters Association Local 493  
2020 Official Scholarship Application**

**Must be a Graduating High School Senior- Class of 2020  
Application Is Due By 3:30 PM On February 7, 2020**

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

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

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

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

Email: \_\_\_\_\_

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, stepson, daughter, stepdaughter of an Active or Retired Member of  
Local 493 in good standing**

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

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

Members Cell Phone Number: \_\_\_\_\_

Member is Employed By: \_\_\_\_\_ Rank: \_\_\_\_\_

Station: \_\_\_\_\_ Shift: \_\_\_\_\_ Email: \_\_\_\_\_

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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 \_\_\_\_\_