

**CORDOVA FIRE DEPARTMENT ASSOCIATION  
SCHOLARSHIP FUND**

AMOUNT: \$250

PRINT NAME \_\_\_\_\_  
Last First Middle Initial

ADDRESS \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

**APPLICANT MUST LIVE IN THE CORDOVA FIRE PROTECTION DISTRICT!**

HIGH SCHOOL \_\_\_\_\_

COLLEGE OR TRADE SCHOOL YOU PLAN TO ATTEND  
\_\_\_\_\_

TELL US ABOUT YOURSELF AND WHAT YOUR PLANS FOR THE FUTURE ARE  
INCLUDING SCHOOL & CHURCH ACTIVITIES, COMMUNITY SERVICE AND WHY  
YOU HAVE PICKED YOUR CHOSEN FIELD OF STUDY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return application to the Guidance Office by March 1.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_