



LEROY TOWNSHIP FIREFIGHTER'S ASSOCIATION

Gregory Flynn Memorial Scholarship Application

STUDENT INFORMATION

Name:	
Street Address:	
City, State, Zip:	
Phone Number:	

SCHOOL INFORMATION (To be completed by the counselor after submission of all application materials.)

Overall GPA:	
Class Rank:	

COLLEGE PLANS

What college will you be attending?	
Expected course of study:	
Career Plans:	

SCHOOL ACTIVITIES

Please describe your duties and years involved. Use additional sheets as needed.

APPLICANT AUTHORIZATION

I certify that all statements contained herein are true and made in good faith. I understand that the selection of scholarship winner(s) and the determination of the amount of the scholarship will be administered by the Leroy Township Firefighter's Association.

Applicant's Signature: _____

Date: _____

*** Please also include a letter that briefly describes your educational and career goals.**