

# EDGEWOOD FIRE/EMS DEPARTMENT

## Application for Firefighter Scholarship Program

Full Name (Last, First, M.I.): \_\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_

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

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

High School (include city & state): \_\_\_\_\_

High School (or GED) Graduation Date (month & year): \_\_\_\_\_

College Enrolled (include city & state): \_\_\_\_\_

Declared Major or Program of Study: \_\_\_\_\_

Anticipated Program Completion (month & year): \_\_\_\_\_

Current Employment: \_\_\_\_\_

Emergency Service Experience: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expires: \_\_\_ / \_\_\_ / \_\_\_

\*A copy of your current driver's license must be submitted with this application\*

Do you have any physical impairment(s) that would affect your ability to perform firefighting duties?

\_\_\_\_\_

Please list 3 professional references, at least 1 current teacher (no family members)

Name	Phone Number	Relationship	Length of Time Acquainted
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please answer the following questions:

1. How will your educational, professional, and/or personal goals benefit from your acceptance into this program?
2. How will you balance commitments at home, school, work and the fire department?

Answers must be typewritten (500 words or less) on a separate sheet. The original questions must be included with your answers.

By completing and submitting this application, I, \_\_\_\_\_  
Print Name

- Authorize the fire department or its agents to investigate my background, character and general reputation by contacting my references or any other individual the fire department or its agents considers necessary;
- Authorize my references and any other individuals contacted by the fire department or its agents to release any information requested and absolve those parties who provided information requested from any and all liability related to their doing so;
- Authorize the fire department or its agents to investigate my background and driving record and to release any pertinent information deemed necessary for investigation;
- Certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed applications must be submitted in an 8 ½” x 11” envelope marked “Fire Scholarship Program” and mailed or dropped off to:

ATTN:  
RECRUITMENT/SCHOLARSHIP COORDINATOR  
CITY OF EDGEWOOD FIRE/EMS  
385 DUDLEY ROAD  
EDGEWOOD, KY 41017

For additional information contact the department at 859-341-2628