**OLD FIRE FARTS OF YORK COUNTY, PA**

**FIRST RESPONDER’S SCHOLARSHIP APPLICATION FORM**

**The information you enter below is confidential and is only made available to the Grant Applications Specialist. It is used to help the Grant Research team to determine your funding needs and opportunities.**

**Personnel information:**

**FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MIDDLE INICAL\_\_\_\_\_\_\_ LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STREET ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_**

**GENDER\_\_\_\_\_\_\_\_\_\_\_\_\_ ` AGE\_\_\_\_\_\_\_\_ US CITIZEN\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF RESPONSE GROUP OR ORGANIZATION YOU BELONG TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **YOUR CHIEF OR SUPERVISOR, NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COURSE OR SEMINAR PLANNING TO TAKE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF INSTITUTION OR GROUP OFFERING THE COURSE OR SEMINAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YOU’RE CONTACT AT THAT FACILITY, NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Funding:**

**TUITION $\_\_\_\_\_\_\_\_\_\_\_\_ INTERNSHIP $\_\_\_\_\_\_\_\_\_\_\_\_ BOOKS $\_\_\_\_\_\_\_\_\_\_\_\_**

**RESEARCH $\_\_\_\_\_\_\_\_\_\_\_ HOUSING $\_\_\_\_\_\_\_\_\_\_\_\_ LAB FEE $\_\_\_\_\_\_\_\_\_\_\_\_**

**TECHNOLOGY $\_\_\_\_\_\_\_\_\_\_\_\_ OTHER $\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL FUNDING NEEDED $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT REQUESTING $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE ANSWER THESE QUESTIONS:**

**WHY IS THIS TRAINING NEEDED IN YOUR RESPONSE GROUP?**

**HOW WILL THE RESPONSE GROUP BENEFIT FROM YOU BEING TRAINED?**

**WHAT MAKES YOU THE RIGHT PERSON FOR THIS TRAINING?**

**WHAT UNIQUE THINGS WOULD SEPARATE YOU FROM OTHER APPLICANTS APPLYING FOR THIS FUNDING?**

**CANDIDATE’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE SUBMITTED\_\_\_\_\_\_\_\_\_\_\_\_**

**YOUR CHIEF/SUPERVISOR’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**