

2024 Jim Stormer/WSFA Memorial Scholarship Application Form

Applicant: Please complete the application and include a recent photo of yourself. Print clearly or type so that your answers can be read easily. When provided space is not enough, please attach additional pages and label your answers accordingly.

Applicant Name: _____ (last / first)

Applicant Date of Birth: _____ (month / day / year)

Applicant Mailing Address: _____ (street # / name)

City, State, _____ Zip _____ County _____

Applicant Contact Information: _____ (phone # / name)

Parent/Guardian Name: _____

Member of WSFA? *Parent/Guardian* *Applicant* *No* (Circle appropriate answer)

Name/Address of Sponsoring Fire Department: _____

Name of High School Attended: _____

High School GPA: _____ Date of High School Graduation: _____

First Choice College/Technical School _____ (name of school / city)

Second Choice College/Technical School _____ (name of school / city)

Will you live at home during school or on campus? _____

If you are a current member of the fire department, will you continue as an active member during school? Yes No

Activities, Accomplishments and Employment:

1. Please attach a separate sheet describing the following 3 areas:

- Greatest accomplishments
- Activities you are/were involved in
- Employment experience

2. On a separate page, please provide a brief summary of your educational goals. Include why you chose the field of firefighting and what drew you to the field. Please keep to 500 words or less.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Fire Chief Signature: _____ Date: _____

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This form is to be completed by your high school counselor or principal and returned with your application materials. Please print

Name of high school: _____

High School mailing address: _____ (street # and name)

City /State _____ Zip _____ County _____

Applicant's Class Rank: _____ Applicant's GPA: _____

Comments regarding the applicant: _____

Signature of person completing this form: _____ Date: _____

Title of person completing this form: _____

Please return all scholarship application materials to:

Wisconsin State Firefighter's Association
PO BOX 267
Mazomanie, WI 53560