Wethersfield Volunteer Firefighters Association
2019 – Scholarship Application

Applicant's Name: _____
Last Name First Name Middle Initial

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

WVFA Member Name: _____

Your Relationship to WVFA Member: _____

School Attending: _____

Major: _____

Years Already Attended: _____

Expected Year of Graduation: _____

Applications must be accompanied with a one page essay to the Selection Committee indicating the reasons you feel you should be awarded a scholarship. Applications must be <u>POSTMARKED</u> no later than <u>JUNE 14, 2019</u> and mailed to:

Arthur Abronzino, Jr.
c/o WVFA Scholarship Committee
20 Old Pewter Lane
Wethersfield, CT 06109