

SCHOLARSHIP APPLICATION

Boston Fire Fighters Local No. 718
Fire Fighters Scholarship Fund



Name _____ Telephone _____

Address _____
(Street) (City) (State) (Zip Code)

Present School _____ **8TH GRADE ONLY**

School Address _____

Principal's Name _____ Tel. # _____

Father's Name _____ Company Name _____

**Applicant's Agreement: I do hereby agree to abide by the Rules and Regulations
set forth by the Scholarship Committee.**

Date of Birth _____

Applicant's Signature _____