Vermont State Firefighters' Association

George S. Gibby Scholarship Fund

Scholarship Application

APPLICANT INFORMATION		
Name:		
First	Middle	Last
Address:		Phone:
City/town:		State: Zip:
Date of Birth:		Social Security #:
High School:		Date of Graduation:
Current Employer:	•	Job Title:
Employers Address:		
# of years in VSFA Membership: Organization:		
EDUCATIONIAL PLANS		
College/University/Institution you plan on attending Location		
Major course of study you plan to pursue		
FINANCIAL INFORMATION		
Briefly discuss any circumstances, which affei.e., unusual debts, family size, loss of work e		y's ability to pay for educational expenses:
CERTIFICATIN		
TO THE BEST OF MY KNOWLEDGE, I CERTIFY ACCURATE.	THAT THE INFORMA	TION IN THIS APPLICATION IS COMPLETE AND
Applicant Signature:		Date:
Officer's/ Supervisor's Signature:		Date:

REQUIRED ATTACHMENTS

- 1. An official copy of a High School transcript.
- 2. A letter of recommendation/accomplishments from a Supervisor/Chief Officer.
- 3. Proof of membership in the Vermont State Firefighters' Association.
- Details on the collegiate program that you are/will be attending. Must include study of fire science or emergency medical services or related field.

MAIL APPLICATION TO:

Tim Burgess

VSFA Gibby Scholarship Committee

702 Houghton Lane

Bennington, VT 05201

APPLICATION DEADLINE: JUNE 1, 2024