PETE MUFFLER MEMORIAL SCHOLARSHIP
STUDENT SCHOLARSHIP APPLICATION FORM

Personal Information

Applicants Name:

Address:

City: State: Zip:

Home Phone: Alternate Phone:

Email: Date of Birth:

Name (s) of Parents/Guardians:

Academic Information

High School Attending/Attended:

Current Grade: Year of Graduation:

GPA: College you plan to attend:

Semester you plan to use this scholarship (term and year):

Expected number of credit hours:

Intended Major:

List any first responder related course you have currently taken already (i.e. fire science, anatomy etc.):

Activities Information

List any extra-curricular activities you are involved in as well as leadership roles and/or award received (i.e. student council, sports etc.):

List any community activities you are involved in as well as leadership roles and/or awards received (i.e. 4-H, scouts, youth group etc.):

List volunteer experiences:

List work experiences:

First Responder Experience

List any first responder related experience and/or certifications you have obtained outside of school (i.e. CPR, first aid, lifeguard certification, S.C.U.B.A certification, boating safety etc.):

Authorization (please initial each statement):

_____I release to the Community Foundation of Grundy County the right to access all of my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress GAVC and CFGC.

_____I understand that my name and information from my academic history may be released to the scholarship selection committee and scholarship donor(s). If awarded a scholarship, I release to the Community Foundation of Grundy County the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video promotions relating to the scholarship, and I recognize the obligation to communicate a letter of thanks to the donor(s) of the scholarship.

I certify that the statements herein are turn to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee and donors(s).

Student signature: **Date:**

Parent/Guardian signature: **Date:**

School Guidance Office use only:
School guidance office signature: Date:
Student GPA:

Foundation Office use only:
Foundation Executive Director signature: Date:
Scholarship awarded: Amount: