

Ladies Auxiliary
Of the Riverhead Fire Dept.
Scholarship Committee
540 Roanoke Avenue
Riverhead, NY 11901

Scholarship Application

Must be returned to the Ladies Auxiliary – Att: Connie Kenter

Date: _____

Name of Applicant: _____

Address of Applicant: _____

Phone number of Applicant: _____

Affiliation to the Riverhead Fire Department:

Company Name: _____

Parent's Name: _____

Address: _____

Phone Number: _____

Date of Graduation: _____

Student **must** attend Riverhead High School

Applicant's intent after high school: _____

Qualification:

1. Must be a: child or grandchild of a Ladies Auxiliary Riverhead Fire Department member.
2. Must be a: child or, grandchild of a Riverhead Fire Department Member.
3. Member must be in good standing. Member must be past their 1 year probationary period in RFD.
4. Student **Must** be going on to further his/her education: college, trade school, etc.
5. Please have Student submit a short essay as to their career goals.