



**HISPANIC SOCIETY FIRE DEPARTMENT**  
*City of New York*

**SCHOLARSHIP APPLICATION**

Hispanic Society Member Name: \_\_\_\_\_

Assigned Co./Station: \_\_\_\_\_ Rank/Title \_\_\_\_\_ Reference# \_\_\_\_\_

Date of Appointment \_\_\_\_\_ Home/Cell # \_\_\_\_\_ Work \_\_\_\_\_

Student Name \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Contact # Home \_\_\_\_\_ Cell \_\_\_\_\_

Name current attending College attending \_\_\_\_\_

Number of siblings in same household \_\_\_\_\_ and their ages: \_\_\_\_\_

Number of Dependent siblings attending College in same household \_\_\_\_\_

Have you received any other scholarships? Yes ( ) No ( )

If so, specify \_\_\_\_\_

List activities in which you have participated: (ex. School / Church / Community, etc.)

\_\_\_\_\_  
\_\_\_\_\_

List offices to which you have been elected in any organization: \_\_\_\_\_

\_\_\_\_\_

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List Honors which you have been awarded: (School /Athletic/ Citizenship, etc.)

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List Names and Addresses of other Universities or Colleges you plan to attend and why:

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*(IF ADDITIONAL SPACE IS NEEDED YOU MAY ATTACH A SEPARATE SHEET)*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Member: \_\_\_\_\_ Date \_\_\_\_\_

If granted a scholarship and I fail to complete the school term for reasons other than sickness or physical injury. I agree to return any scholarship money received by me to the Hispanic Society Fire Department of the City of New York within (60) days from the date my enrollment is cancelled and/or terminated.

I further state that I consent to providing information requested in this application. I have provided this information freely and voluntarily and hereby waive any objections to providing this information which might be pursuant to the Privacy Act 5 S.S.C Section 552a. The Hispanic Society Fire Department City of New York has my permission to use the information given in considering and processing my application.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

All applications must be accompanied by:

1. A copy of the Applicant's School Transcript. (Can be mailed directly from school)
2. A typed essay, in 500 words or less, from the applicant with specific facts as to their desire to continue his/her education and why they feel they should be awarded the scholarship. Essays MUST be typed or printed neatly.
3. Two letters of recommendation, specifying applicant's qualifications. (Must be from a supervisor, faculty member, religious or community leader, or individual knowledgeable with applicant's qualifications) Family members are ineligible.
4. Letter of academic reference from principal, counselor, Dean or Professor.
5. Applications must be postmarked by September 15<sup>th</sup>.

Upon completion mail to:

FDNY Hispanic Society  
Scholarship Program  
1940 Haight Avenue  
Bronx, New York 10461-1302