## **RWU Bristol Police and RWU Bristol Fire Grant Verification Form:**

Please Print or Type

## PERSONAL INFORMATION

Last/Family Name   First   Middle    Gender:   Male   Female   Not Listed:   Prefer not to reply    Home Address   Number and Street   City   State   ZiP    Telephone Number (	Name					
Gender:   Male   Female   Not Listed:   Prefer not to reply Home Address    Number and Street   City   State   ZIP		· ·			,	
Home Address    Number and Street   City   State   ZiP	U.S. Social Security #		Date of B	ırth	J	
Number and Street  City  State  ZIP  Telephone Number (					Prefer not to re	ply
Telephone Number (						
Cell Phone Number (			•	Post time to s		
Month and year of expected graduation   Name of High School   Guidance Counselor   Guidance Counselor   Guidance Counselor   IAM APPLYING FOR: (Check all that apply)   Bristol Memorial Grant (Fireman Grant – Bristol residents only)   Bristol Memorial Grant (Policeman Grant – Bristol residents only)   TO BE COMPLETED BY THE BRISTOL POLICE/FIRE APPLICANTS ONLY   I qualify for the Bristol Police/Fire Grant based on the past/present employment of my: (please check one   Father/Mother   Grandfather/Grandmother   Grandfather/Grandmother						
AM APPLYING FOR: (Check all that apply)	Cell Phone Number (	)		Can we text yo	ou? □ Yes □ N	No
AM APPLYING FOR: (Check all that apply)   Bristol Memorial Grant (Fireman Grant – Bristol residents only)   Bristol Memorial Grant (Policeman Grant – Bristol residents only)   Bristol Memorial Grant (Policeman Grant – Bristol residents only)   TO BE COMPLETED BY THE BRISTOL POLICE/FIRE APPLICANTS ONLY   I qualify for the Bristol Police/Fire Grant based on the past/present employment of my: (please check one   Father/Mother   Grandfather/Grandmother   Relative's Name   Last/Family Name   First   Middle     Affiliation: Police Department   Fire Department   To be completed and verified by the Chief of the Affiliated Department: My signature herby acknowledges/verifies that the above-named applicant presently has or in the past had relative(s) in our department's employment.   Affiliated Department Chief's signature     TO BE COMPLETED BY ALL APPLICANTS AND PARENT/GUARDIAN     I acknowledge that the scholarships/grants to which I am applying may be a private fund which requires the submission of reports about individual recipients. Should I be selected as a recipient of such funds, I authorize the Office of Financial Aid to inform donors of my academic progress and of formal campus activities in which I may participate, as well as such public information as my name, home address and major field of study.	Email		Month and year of ex	kpected gradua	ition	
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I qualify for the Bristol Police/Fire Grant based on the past/present employment of my: (please check one     Father/Mother	TO BE COMPLETED BY THE E	RISTOL POLICE/FL	RE ADDITIONALS ONLY			
Father/Mother   Grandfather/Grandmother	TO BE CONFEETED BY THE E	MISTOL FOLICLYTII	NE AFFEICANTS ONET			
Relative's Name  Last/Family Name First Middle  Affiliation: Police Department  To be completed and verified by the Chief of the Affiliated Department: My signature herby acknowledges/verifies that the above-named applicant presently has or in the past had relative(s) in our department's employment.  Affiliated Department Chief's signature  TO BE COMPLETED BY ALL APPLICANTS AND PARENT/GUARDIAN  I acknowledge that the scholarships/grants to which I am applying may be a private fund which requires the submission of reports about individual recipients. Should I be selected as a recipient of such funds, I authorize the Office of Financial Aid to inform donors of my academic progress and of formal campus activities in which I may participate, as well as such public information as my name, home address and major field of study.	I qualify for the Bris	tol Police/Fire Gra	nt based on the past/pr	esent employn	nent of my: (ple	ase check one
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	Students Signature					
Parent's/Guardian's Signature	Parent's/Guardian's Signature					