

RWU Bristol Police and RWU Bristol Fire Grant Verification Form:

Please Print or Type

PERSONAL INFORMATION

Name _____

Last/Family Name

First

Middle

U.S. Social Security # _____ Date of Birth _____/_____/_____

Gender: Male Female Not Listed: _____ Prefer not to reply

Home Address _____

Number and Street

City

State

ZIP

Telephone Number (_____) _____ Best time to call: _____

Cell Phone Number (_____) _____ Can we text you? Yes No

Email _____ Month and year of expected graduation _____

Name of High School _____ Guidance Counselor _____

I AM 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

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 hereby 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.

Student's Signature

Parent's/Guardian's Signature