

United Firefighters of Los Angeles City Fire Foundation

GRANTS & SHOLARSHIPS APPLICATION

Name:						
	First Name Initial		Last Name			
Address:						
	Street		City	State	Zip Code	
Email address:			<u> </u>			
Telephone: (ephone: _(Birthdate				Age:	
Name of Firefighter						
Name and relationsl	hip of family member					
Name of school or c	ollege currently attending	g				
School Address:	Street	ege completed (i.e. high s	City	State	Zip Code	
School Address:						
	Street		City	State	Zip Code	
Area of study you ar	re interested in:					
use in Foundation rela	ted material, a Biography (2	on of enrollment from your sc 2 pages maximum), and a bri d serve others in the future.				
Signature of Applicant		Signature of Parer	t or Guardian		Date of Application	

Return your completed application packet by June 1st for July 2021 or November 1st for December 2021 distribution

Application packet may be e-mailed to edugrant@uflac.org or sent to:

United Firefighters of Los Angeles City, Local 112 c/o UFLAC Fire Foundation 1571 Beverly Blvd., Suite 201 Los Angeles, CA 90026