



**AUBURN PERMANENT  
FIREFIGHTERS ASSOCIATION  
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS  
LOCAL 4157 AFL-CIO, CLC**

**P.O. Box 441 Auburn, MA 01501  
508-832-7800 ; www.afd4157.org**

**A. STUDENT INFORMATION**

Name: \_\_\_\_\_  
*last/first/middle initial* *gender*

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*month/day/year*

Permanent Address: \_\_\_\_\_  
*street*  
\_\_\_\_\_  
*city/state/zip*

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**DEPENDENT STUDENTS:**

Parent, stepparent or guardian A: \_\_\_\_\_  
*name* *age* *state of legal residence*

Parent, stepparent or guardian B: \_\_\_\_\_  
*name* *age* *state of legal residence*

**INDEPENDENT STUDENTS:**

Spouse: \_\_\_\_\_  
*name* *age* *state of legal residence*

**OPTIONAL:**

The following information will be used for statistical purposes only and will not be used to judge your application. Please complete this information as thoroughly as possible.

Race/Ethnicity (check no more than two boxes):

- |   |  |
|---|--|
| <input type="checkbox"/> African/African-American _____ | <input type="checkbox"/> Native American _____ |
| <input type="checkbox"/> Asian/Asian-American _____     | <input type="checkbox"/> White/Caucasian _____ |
| <input type="checkbox"/> Latino/Chicano/Hispanic _____  | <input type="checkbox"/> Other _____           |

Are you married?  Yes  No

Will you be the first person in your family to graduate from college (excluding siblings)?  Yes  No

## B. ACADEMIC INFORMATION

page 2 of 5

Please attach an official copy of your most recent transcript.

What was your highest SAT score? Math \_\_\_\_\_ Verbal \_\_\_\_\_ Class Rank \_\_\_\_\_

Post-secondary/graduate institution for which aid is requested: \_\_\_\_\_

In fall 2008 I will be a: Freshman /Sophomore /Junior /Senior (circle one) Expected graduation date: \_\_\_\_\_

Are you: Accepted /Enrolled /Awaiting a decision (circle one)

Enrollment status: Full-time /Part-time (circle one)

Housing status: On campus /Off campus /At home with family (circle one)

Intended field of study: \_\_\_\_\_

Degree sought: \_\_\_\_\_

High school attended: \_\_\_\_\_  
*name & address* *graduation date*

IF APPLICABLE: Undergraduate institution attended: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Degree earned: \_\_\_\_\_

## C. STUDENT ACTIVITIES

Please attach a resume or a list of activities that you participate in including positions held, dates of participation, estimated time spent on each activity and any special honors received.

## D. ESSAYS

Please tell us what you hope you will be doing in your professional life 10 years from now. (300 word limit, double-spaced, typed)

Cost of education per year:

EXPENSES	Amount	Total
Tuition and Fees	\$ _____	
Room and Board	\$ _____	
Books and Supplies	\$ _____	
Transportation	\$ _____	
<b>TOTAL EXPENSES</b>		\$ _____ <b>A</b>

INCOME	Name of Grant or Scholarship	
Federal, State, and Other Awards (list loans and work study in Loan section below)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
College Grants and Scholarships (list loans and work study in Loan section below)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
<b>TOTAL GRANTS AND SCHOLARSHIPS</b>		\$ _____ <b>B</b>
Estimated Family Contribution (EFC) from Student Aid Report (SAR)		\$ _____ <b>C</b>
<b>TOTAL INCOME (Item B plus Item C)</b>		\$ _____ <b>D</b>
<b>Financial Need (Item A minus Item D)</b>		\$ _____ <b>E</b>

LOANS AND WORK STUDY	Name of Source	
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
<b>TOTAL LOANS AND WORK STUDY</b>		\$ _____