

Somers Fire Department



Application for Craig Arnone Memorial Scholarship

Name _____
 First MI Last

Address _____
 Number and Street Town State Zip

Telephone _____

Program Enrolled in _____ Length of Program _____

Name of School _____

Address _____ Telephone _____

High School _____ Year Graduated _____

Address of High School _____

Average Grade in High School _____

List 3 References

Name	Address	Telephone
------	---------	-----------

Name	Address	Telephone
------	---------	-----------

Name	Address	Telephone
------	---------	-----------

Fire/Rescue/EMS

400 Main St., Somers, CT 06071

Phone (860)749-7626 ♦ Fax (860)763-8233

E-mail somersfire@somersfire.org Web: www.somersfire.org

Somers Fire Department



I have read the rules governing the Craig Arnone Memorial Scholarship and agree to abide by them. The information presented herein is true.

Signature of Applicant

Date

Please send completed application and essay to:

Somers Volunteer Fire Department
400 Main Street
Somers, CT 06071
Attention: Bill Bouchelle for CAMS Committee

If you have questions regarding the Scholarship. Please call Bill Bouchelle at (860) 763-0152.

**Applications must be postmarked or hand delivered to the
Somers Fire Department by May 1st.**

Fire/Rescue/EMS

400 Main St., Somers, CT 06071

Phone (860)749-7626 ♦ Fax (860)763-8233

E-mail somersfire@somersfire.org Web: www.somersfire.org