



Freddy Gleissner Jr.- Vinnie Gough Sr. Memorial Scholarship Foundation a 501(c)3 non-profit

PO Box 353231, Palm Coast, FL 32135 • www.FGVGFoundation.com • FGVG@fgvgfoundation.com

INSTRUCTIONS

1. Complete the attached Scholarship Application.
2. Mail completed application to: **FGVG Memorial Scholarship Foundation**
PO Box353231
Palm Coast, FL 32135

Scholarships are awarded for twelve (12) months and cover registration and tuition, and may include books, supplies and uniforms depending on available funding. Applications are accepted from October 15th until the deadline of December 31st each year. Awards are announced mid February of each year. For highest consideration, you must complete all sections of this application.

Personal Information

Name _____
Last First Middle Initial

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____
(required)

Phone (____) _____ Gender ☐ Male ☐ Female

Date of Birth _____ Place of Birth _____
Month Date Year City, State or Country

(maximum application age is 32)

Citizenship

Are you currently an American Citizen? ☐ Yes ☐ No If no, see below.

NOTE: (Legal permanent resident status does NOT qualify. Applicant MUST be a citizen on the date the application is signed.)

If you were not born an American Citizen, but are a Naturalized American Citizen, give date, place (Office or Court where Naturalization occurred) and Naturalization Number.

Date _____ Place _____ Number _____
Month Date Year Court or Office and City, State

If you were not born in the United States, but are a citizen by birth, explain circumstances.



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Education

(grade point average of 2.8 or higher required)

| School Name | Address | Grade Point Average | Dates Attended | Graduated |
|---|---------|---------------------|----------------|---|
| High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you are currently a Certified Firefighter, EMT, or Paramedic list where and when you attended: | | | | |
| List awards, interests, clubs and community activities: | | | | |
| School and program in which you plan to enroll: | | | | |

Work History if applicable

| Employer | Job Description | Supervisor Name and Phone Number |
|----------|-----------------|----------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |



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References

List the names of, addresses and phone numbers of two personal references and one professional reference. These references should not be related to you.

| | | |
|--------------|---------|-------|
| | | |
| personal | address | phone |
| | | |
| personal | address | phone |
| | | |
| professional | address | phone |

Applicant's Signature:

Date:

Parent/Guardian Signature (if a minor):

Date:

Essay Topic:

- **Please Provide a one page, double spaced typed essay reflecting your career aspirations in the field of Emergency Services.**
- **The essay should also discuss the applicant's experience and his/her record of community service**

Attach a one page essay as outlined above and a copy of your "Cost of Attendance Worksheet" from the proposed school/program PRIOR to submitting your application, Also; please include a current photo with your submission.