



Six County Firemen's Association of Pa.  
Mark Coons Memorial Scholarship  
C/O William J. Tarby  
704 Dunmore Street  
Throop Pa 18512

## MARK COONS MEMORIAL SCHOLARSHIP

The Six County Firemen's Association Established a Scholarship in the memory of Past President Mark Coons of Jermyn Penna.

The objective of the scholarship program is to assist individuals desiring to further their academic education through college level courses. Five scholarships will be offered in the Six County Firemen's Area.

### **WHO IS ELIGIBLE**

Any child of an active member of the Six County Firemen's Association or a child of a deceased member of the association. Any person who is an active member and in good standing of a state, County, Municipal, Community, Industrial or Federal Fire department, located within the Six Counties and who has demonstrated proficiency as a member

**The association is asking that each successful applicant become a member of the Six County Firemen's Association and will become a member of a fire company or department by the end of the school semester's year.**

### **HOW TO APPLY**

Application may be obtained by contacting an Association officer, a member of the scholarship committee or by writing to the address shown below.

Applicants must complete all sections of the application and attach a statement of approximately 250 words why they are applying for financial assistance, why they believe this course will be useful to them, and their goals and objectives

In evaluating the application, preference will be given to those demonstrating need, desire and initiative. Credits previously attained in college should be listed and a transcript furnished if possible. Each applicant may be subject to a personal interview by a member of the scholarship committee.

# **Applications Deadline May 1<sup>st</sup>**

Mail application and supporting information to:

*William J. Tarby, Chairperson  
704 Dunmore Street  
Throop, Pa. 18512-1153*

Applications must be postmarked by the first day of May to be eligible for this year's scholarship. Applications postmarked after the first day May will not be considered for this year's scholarship.

## **ANNOUNCEMENT OF SCHOLARSHIP AWARDS**

**Applicants will be notified of their success by mail or a phone call from the committee; and the names of all successful applicants will be officially announced at the annual convention Banquet of the Six County Firemen's Association. We are asking that all successful applicants and their parents be in attendance for this announcement.**

## **PAYMENT OF SCHOLARSHIP**

There will be five (5) scholarships of \$250.00 each. To receive reimbursements, the following documents must be submitted to the Scholarship committee:

1. Evidence of satisfactory completion of course including copy of final grade
2. Paid tuition bill from the college



**Only return this portion**

# **MARK COONS MEMORIAL SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Fire Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number for School: \_\_\_\_\_

Type of Degree:      Associate Degree      Bachelor Degree

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number of School: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Number and description of Course: \_\_\_\_\_

\_\_\_\_\_

**You may attach copy from institution catalogue**

Course Date: \_\_\_\_\_ to \_\_\_\_\_

Academic Credit Granted: \_\_\_\_\_

Tuition Cost: \_\_\_\_\_

Are you, your parents or guardian or a family member a member of this association?

\_\_\_\_\_

If yes please list their name \_\_\_\_\_