

LCFD#10 Memorial Scholarship 2020

Certification Letter

This is to certify that _____ is

(check one)

- A past or present member of LCFD#10 (firefighter, board, or auxiliary)**

Position and date(s) of service:

Or

- A close relative of past or present LCFD#10 personnel (as listed above)**

Name, position and date(s) of service:

Signature of LCFD#10 member

Position

Date

Laramie County Fire District #10

c/o Scholarship Committee

88 Harriman Rd

Granite Canyon, WY 82059

Scholarship Application

Name _____ Date of Birth _____

Address _____ Phone number _____

City _____ Zip Code _____

High School _____

Graduation Date (actual or anticipated) _____

School you plan to attend _____

Family Member involved with LCFD#10:

Name _____

Relationship _____

Position & Date(s) _____

Please use this as a cover page for your transcript(s), two letters of recommendation, certification form from LCFD#10, essay, and list of accomplishments, and submit it to the above address.