

MINNESOTA FIRE SERVICE FOUNDATION

Scholarship Application Post-Secondary Education

Enrolled for the 2026 School Year

All sections of the application MUST be filled out completely

Name of School		// Enrollment Date		
APPLICANT				
Applicant's Name		Applicant's Date of Birth		
Street Address	City	State	Zip Code	
Phone Number	Email Addre	l Address		
FIREFIGHTER -(APPLICANT'S PARENT OR STATE Retired Retired	SPOUSE) Deceased Date of Death	/	/	
Firefighter's Name		Relationship to Applicant		
Street Address	City	State	Zip Code	
Member of which fire department:				
SIGNATURE I hereby state that the information on this application is	true and correct to the best of my know	ledge.		
Applicant's Signature		/		
The Minnesota Fire Service Foundation will avawarded to the child/spouse of a living firefigh Additional scholarships may be awarded if fun	ter and one to the child/spouse o	f a deceased fi	refighter.	

SUBMIT APPLICATION TO:

Minnesota Fire Service Foundation Scholarship P.O. Box 22 Hamburg, MN 55339

APPLICATIONS MUST BE POSTMARKED NO LATER THAN May 31, 2026

Scholarship checks will be mailed during the 3rd week of August unless you notify the Minnesota Fire Service Foundation a later date is required.