



DENVER FIRE FIGHTERS CHARITABLE FOUNDATION, INC.
12 Lakeside Lane ■ Denver, Colorado 80212 ■ 303-228-5370

2024-2025 SCHOLARSHIP APPLICATION

In 1999, the Denver Fire Fighters Burn Foundation started a scholarship program for burn survivors to assist them in reaching their goals. Anyone who has been treated at The Children's Hospital Burn Center or has attended the Cheley/Children's Hospital Burn Camp, Winter Camp, or Project Challenge, is eligible for the national assistance program.

Applicants must reapply each year for this scholarship and must maintain a GPA of at least 2.0 throughout the school year. Up to ten scholarships in the amount of \$1,500 each will be awarded annually. Any applicant must be pre-enrolled and accepted to a college, university, trade school, or technical school before the grants will be awarded.

The following items must be attached to your application for it to be considered:

- High school transcript/GED, including credits and GPA (if applicable)
- College, University, Trade/Technical school transcripts and GPA
- 2 letters of recommendation from counselors, teachers, principal, instructors, professors
- List of extracurricular activities (sports, community service, clubs, etc.)
- Wallet size (2¼" x 3½") photograph (e.g. your senior picture)

To be eligible for this scholarship, applicants must have:

- Received inpatient care at The Children's Hospital Burn Center or have attended one of The Children's Hospital Burn Camps.
- Completed high school or received a GED or be in his/her senior year at the time of application. Students enrolled in college course work are eligible as well.
- Must have applied for acceptance or accepted to an accredited college, university, trade/technical school.
- Express a need for financial assistance.
- Be a US citizen.

APPLICATION DEADLINES:

Applications must be returned to: The Denver Fire Fighters Charitable Foundation
12 Lakeside Lane
Denver, CO 80212

Applications must be postmarked by **NOVEMBER 1, 2024**.
Scholarships will be awarded if approved.

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DATE OF APPLICATION: _____

PERSONAL INFORMATION:

Name _____

Home Address _____

City, State, Zip Code _____

Home Phone Number _____ cell _____

Email Address _____

College Address _____

City, State, Zip Code _____

College Phone Number _____ cell _____

College Email Address _____

PARENT'S INFORMATION:

Name _____

Address _____

Phone Number(s) _____

HIGH SCHOOL INFORMATION:

H.S. Attended _____

H.S. Address _____

Contact Person _____ Phone Number _____

Grade Completed _____ Your GPA _____ GPA Scale _____

COLLEGE, UNIVERSITY, TRADE/TECHNICAL SCHOOL INFORMATION:

Name of Institution _____

Address _____

Contact Person _____ Phone Number _____

Accepted _____ Acceptance pending _____ Year completed _____

Major _____ Your GPA _____ GPA Scale _____

ADDITIONAL SCHOOLS BEING CONSIDERED:

Name _____ Accepted _____ Pending _____

Name _____ Accepted _____ Pending _____

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Please provide a statement of financial need for the entire 2024-2025 academic year:

Tuition and Fees	_____
Room and Board	_____
Estimated Books	_____
Other_____	_____
Other_____	_____
TOTAL COSTS	_____

Other circumstances contributing to your need for financial assistance:

Please provide a list of any other financial assistance you anticipate receiving:

Source_____	Amount anticipated	_____
Source_____	Amount anticipated	_____
Source_____	Amount anticipated	_____
Source_____	Amount anticipated	_____

Total amount of financial assistance requested: _____

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Write a brief statement regarding your academic/career goals and how you arrived at this decision. Please confine your response to the front and back of this sheet.