

Illinois Association of Fire Protection Districts Foundation

WILLIAM P. M^CCAMEY SCHOLARSHIP APPLICATION

Applicant Information (Please print or type legibly)

Name: _____ WIU ID: _____

Mailing Address _____

City _____ State _____ Zip Code _____

Daytime Telephone _____ Email _____

Incomplete applications will be ineligible for consideration.

1. Please provide specific information regarding what coursework you recently completed, including your grade, and what fire service coursework you are enrolled in for the current semester.

2. Please provide specific information regarding your fire service employment. Are you volunteer, paid on call, or fulltime? Is your employing fire department a member of the Illinois Association of Fire Protection Districts?

3. Please provide justification for the scholarship request. (i.e. proof of employment at a fire department that is a member of the Illinois Association of Fire Protection Districts).

Applicant's Signature _____ Date _____

Return completed application to:
School of Distance Learning, International Studies, and Outreach
Horrabin Hall 6
Western Illinois University
1 University Circle
Macomb, IL 61455-1390.