



Miller/Grier Memorial Scholarship Application

Central Illinois Fire Investigators Association

First Name _____ MI ____ Last Name _____

Social Security# _____ - _____ - _____ Date of Birth ____/____/____

Local Address _____
Street City State Zip

Phone (____) _____ Marital Status
Single Married Divorced Widowed

Occupation _____

Address _____
Street City State Zip

Education

High School _____

Address _____
Street City State Zip

Major Field of Study _____ Final GPA _____

College _____

Address _____
Street City State Zip

Course of Study _____ Last Semester GPA _____

College/University Planning to Attend _____

ACT Score _____ / SAT Score _____ Status
Fresh. Soph. Jr. Sr.

Honors/Awards

List any honors/awards, academic or other, achieved in or after school

Hobbies

Recommended By

Member _____

Agency _____

Length of Association with Applicant _____

References

Provide two employment references, starting with most recent employer

1. Company _____ Phone () _____

Address _____

Position Held _____ Supervisor _____

2. Company _____ Phone () _____

Address _____

Position Held _____ Supervisor _____

Please print and complete this form, then mail it to:

CIFIA Scholarship Committee
P O Box 2631
East Peoria, IL 61611-0631