

FAIRFAX COUNTY PROFESSIONAL FIRE FIGHTERS & PARAMEDICS EDUCATIONAL ASSISTANCE APPLICATION FORM

STUDENT NAME _____ DATE OF BIRTH _____

STUDENT ID # _____

EMAIL ADDRESS _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

LOCAL 2068 MEMBER _____ CONTACT INFORMATION _____

RELATIONSHIP OF STUDENT TO UNION MEMBER

SPOUSE _____ CHILD/STEPCHILD _____ MEMBER _____

MEMBER SIGNATURE _____ DATE _____

EDUCATION LEVEL

HIGH SCHOOL NAME _____ YEARS _____

VOCATIONAL SCHOOL NAME _____ YEARS _____

COLLEGE NAME _____ YEARS _____

**PLEASE HAVE YOUR EDUCATIONAL ASSISTANCE APPLICATION AND REQUIRED
MATERIALS IN THE UNION OFFICE NO LATER THAN Friday, October 26th AT 12:00 NOON.
IF YOU CHOOSE TO USE THE MAIL, OUR MAILING ADDRESS IS:**

**Educational Assistance
c/o Jeff Loach, Secretary/Treasurer
Fairfax County Professional Fire Fighters & Paramedics
10500 Sager Avenue, Suite A
Fairfax, VA 22030**

EMAIL: officemanager@fairfaxfirefighters.org