



**VGFD-TAP APPLICATION**

**Date of Submission:** \_\_\_\_\_

Are you applying as a member? YES  NO

Are you applying for a dependent? YES  NO  Member submitting Application: \_\_\_\_\_

Student Information			
Last Name		First	M.I.
Street Address		Apartment #:	
City		State	ZIP
Phone		E-mail Address	
Date of birth:		Social Security No.	

UNDERGRADUATE COLLEGE			
College		Address	
From	To	Year of Grad	Bachelors <input type="checkbox"/> Associate <input type="checkbox"/>
Status	Full Time?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Part Time? YES <input type="checkbox"/> NO <input type="checkbox"/>

Check all that apply			
Fall Semester		YES <input type="checkbox"/> NO <input type="checkbox"/>	Spring Semester YES <input type="checkbox"/> NO <input type="checkbox"/>
Living on campus		YES <input type="checkbox"/> NO <input type="checkbox"/>	Living off campus YES <input type="checkbox"/> NO <input type="checkbox"/>
Year in school for application period Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/>			
Attending a 4 year University or College		YES <input type="checkbox"/> NO <input type="checkbox"/>	Attending a 2 year University or College YES <input type="checkbox"/> NO <input type="checkbox"/>

Tuition Room and Board	
TUITION FALL:	ROOM/BOARD FALL:
TUITION SPRING:	ROOM/BOARD SPRING:
Total Tuition Room and Board:	



<b>Other Financial Aid Received (List all scholarships / Grants/ Waivers of Tuition that do not have to be repaid)</b>		
Name of award:	Amount of Award:	
Name of award:	Amount of Award:	
Name of award:	Amount of Award:	
Total Awards: \$		
<b>Lending Institution Information (if applicable)</b>		
Name on loan		
Address		
City	State	Zip
Phone	Loan Number	Requested \$ Amount:
Please note: copy of current statement or invoice is required at time of application		
Notes:		

<b>Disclaimer and Signature</b>		
<p>I certify that my answers are true and complete to the best of my knowledge. I confirm I have applied for all other available sources of free financial aid in accordance with the standard Free Application for Federal Student Aid Form (FAFSA) and the New York State Higher Education Services Corporation (HESC-TAP), and all other sources of scholarships (high school, outside agencies, etc.).</p> <p>I understand that funding from the VGFD-TAP program will be considered only after proof that all sources of aid have been applied for and exhausted.</p> <p>I understand that funds can only be applied to supplement all or part of tuition that is not covered by other sources of aid.</p> <p>I understand that funding will be applied to tuition for Fall and Spring semesters only.</p> <p>If this application leads to funding from this program that any false or misleading information in my application may result in immediate termination from the program and repayment of the distributed funds I have received to date.</p>		
Signature of Student	Print Name:	Date
Responsible VGFD Member or Parent (if applicable):		
Signature	Print Name:	Date

The funding under this application is subject to the availability of funds appropriated for the Safer Grant Award. Notwithstanding any other provision in this Application or any other document, this program and the funding provided hereunder shall be immediately terminated and cancelled upon appropriated funds becoming unavailable.

Submit all forms to the Vails Gate Fire Department – TAP Advisory Committee, Vails Gate Fire Department PO Box 101, Vails Gate, NY 12584 or email entire package to [vgfd-tap@vailsgatefd.com](mailto:vgfd-tap@vailsgatefd.com)