



Volunteer Fire Department of Seymour, Inc. P.O. Box 911 Seymour, TN 37865

Chairman Ted Each - Chief Kevin Nunn - Exec Administrator John Linsenbigler

SAFER Scholarship Inquiry

Name: _____

DOB: _____ Sex: Male / Female (circle one) U.S. Citizen: Yes No

Home Phone Number: _____ Cell: _____

E-Mail Address: _____

Address: _____

Driver's License: Yes No Issuing State: _____ Number: _____

Training Certifications (include State issued and attach copies):

Circle One: Fire/EMT EMT Only Fire Only

Semester: Fall Summer Spring (circle one) Year: _____

Intended School: _____

Intended Major(s): _____

Intended Graduation Year: _____

Why would you like to be considered for this program? _____

Please submit a **resume** and **references** with your application. Please include **3 references**.
Mail application and required documentation to: SVFD-SAFER Scholarship, 7915 Chapman Hwy,
Knoxville, TN 37920 or email to: John Linsenbigler at: jlinsen@SeymourVFD.com, or fax to
865.579.4110

Signature

Date