

HABSIEGER LEADERSHIP SCHOLARSHIP – Applicants must be the child of a Jefferson County First Responder.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

High School: \_\_\_\_\_

Applicant GPA: \_\_\_\_\_ Applicant ACT: \_\_\_\_\_

Applicant Future Plans:

Name, Title, and Place of Employment of Parent that is a First Responder:

\_\_\_\_\_

Counselor Signature: \_\_\_\_\_  
(Counselor Signature indicates agreement with Applicant responses)

Attach a typed statement of what it means to be a First Responder.