

KYLE
TROMBLY
MEMORIAL
FOUNDATION

KYLE JAMES TROMBLY MEMORIAL FOUNDATION FALL 2026 – Spring 2027 Scholarship Application

Primary Contact In	nformation			
Last Name	First Name	Middle Initial		
Mailing Address: _				
City, County, State,	, Zip:			
	Email:			
Verify Eligibility				
Eligibility guidelines are listed on the Application Cover Page. Applicants must meet all eligibility areas to apply. Please answer the following questions regarding your eligibility.				
Are you a U.S. Citiz	en? Yes No (see below)			
Are you enrolled in	Red Rocks Community College Fire Scier	nce Program?		
How many semeste	ers have you completed in the Fire Scienc	e Program?		
This scholarship is designed to offer support for both the EMS and Fire Science courses; will you be enrolled in the EMS/Emergency program in the coming semester? Yes No				
Do you have your r	most recent Unofficial Academic Transcrip	ot? Yes No		
Describe Your Edu	cational Goals			

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Community Service		
This section gathers information a	bout your volunteer experie	ences. Please include
Organization name and phone nur	•	
Organization Name:	F	Phone:
Email Address:		Hours of Service:
Outies:		
Attachments: Photo, Personal St	atement, Academic Transcr	ipt, Letter(s) of Recommendat
n addition to completing the appl	ication Requirements you m	nust submit three attachments:
1) A Personal Statement	2) Academic Transcript	3) Three References
1) Did you attach your persona	al statement? Yes	No
,		ny you should receive a scholarship:
 Focus on your academic and 	· ·	
	or have faced, such as financial need,	
, , , , ,	or biographical information from th	•
 Did you attach your most re- Tips for submitting your Academi 		res no
. ,	•	th or Red Rocks Community College to
•	bbe or other means of merger for	, ,
	, ,	

 3) Did you attach your three References? Yes No Tips for submitting References: References are accepted from RRCC faculty, previous teachers, employers, youth pastors Letters of recommendation are Not accepted from family members or friends. References should be submitted with the application itself, emailed, delivered in person, sent in the mail 			
Application Agreement and Signature			
By filling out this form I understand I am voluntarily submitting this information in a competitive			
evaluation process. I understand that scholarships may be adjusted based on changes in academic status.			
I understand that I may be disqualified if this application is not complete and that I must update the Kyle			
Trombly Memorial Foundation about any changes to my situation. By indicating agreement, I release this			
information to the Foundation scholarship donor(s) and the Kyle Trombly Memorial Foundation. I			
understand that this information will be given care regarding sensitivity and consideration with priority			
toward my protection. I understand that this information will become part of the permanent scholarship			
record of the Kyle Trombly Memorial Foundation.			
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☐ I have attached my Personal Statement.			
☐ I have attached my Academic Transcript.			
☐ I have attached my References.			
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Please note that applications which are incomplete or missing attachments will not be scored.			

Applicant's Signature: _____ Date: _____

Printed Name: _____

Submit Application To:

Kyle Trombly Memorial Foundation 13650 W 67th Circle Arvada, CO 80004-2011