

SOUTH CAROLINA STATE FIREFIGHTERS' FOUNDATION

In an attempt to provide accurate statistics, the South Carolina State Firefighters' Foundation requests that all applicants provide the following data describing the ***intended recipient*** of the grant. Please note that you are not required to submit this form in order to be considered for an award. This form is detached from your application and is not reviewed as part of your application. Your responses will not have any bearing regarding whether your application is approved.

Date: _____

Race (circle one):

- | | |
|-------------|---------------------|
| 1. Asian | 2. African-American |
| 3. Hispanic | 4. Indian |
| 5. White | 6. Other |

Sex (circle one)

- | | |
|---------|-----------|
| 1. Male | 2. Female |
|---------|-----------|

Age: (circle one)

- | | |
|------------|----------|
| 1. 0 – 20 | 6. 61-70 |
| 2. 21 – 30 | 7. 71-80 |
| 3. 31 – 40 | 8. 81-90 |
| 4. 41- 50 | 9. 91 + |
| 5. 51- 60 | |

Zip Code: _____

All statistic forms should be submitted through the online upload function with the application. The reviewer will not have access to this information.