

Ray E. Davison Scholarship Application 2019

ADDISON COUNTY FIREFIGHTERS ASSOCIATION

SCHOLARSHIP DESCRIPTION

PURPOSE and INTENT

In 1991, the Addison County Firefighters Association, Incorporated (ACFA) established an educational scholarship fund to assist students who wish to pursue careers related to the fire service, as well as to assist children of ACFA fire service personnel to pursue postsecondary education.

CONDITIONS of ELIGIBILITY

To be eligible to receive a scholarship, the applicant must:

- a) be a high school senior or graduate planning to attend postsecondary education as described under Purpose and Intent.
- b) be a resident within the ACFA service district.
- c) demonstrate financial need and academic worthiness.
either
- d) plan to enter a career in the fire service, fire protection or prevention.
or
- e) be a child of an ACFA firefighter who either:
 - completed a minimum of five years of active service with an ACFA department,
 - or, while an active member of an ACFA department, became disabled or died.

SCHOLARSHIP AMOUNT

The award amounts and number of scholarships will vary from year to year, depending on the proceeds from the fund. A minimum of two scholarships of \$500 each will be available annually. Awards will be made directly to the student after the student has submitted record of passing grades to the committee for the first semester of college. Award winners will be announced in April.

SELECTION PROCESS

The ACFA Scholarship Committee will make awards based on the conditions of eligibility detailed in this application and accompanying documentation as listed below.

APPLICATION PROCESS & DEADLINE

Applications must be received by the ACFA Scholarship Committee no later than **April 1st**.

- **Include any information about contributions you've made to your community.**
- **Please provide a hand-written, 1-page essay that best describes something that is important or interesting to you, and why.**
- **A letter of recommendation from your school, employer or someone you work with must accompany the application.**
- **Incomplete or late applications will not be considered.**

SEND COMPLETED APPLICATIONS TO:

Addison County Firefighters Association
Scholarship Committee
c/o Robert Patterson
1561 Lincoln Gap Road - Lincoln, Vt. 05443

ADDISON COUNTY FIREFIGHTERS ASSOCIATION

Scholarship Application

I. APPLICANT INFORMATION

A. _____
Last Name First Name Middle Initial

B. _____
Date of Application Phone

C. _____
Mailing Address

City/Town State ZIP

D. _____
Date of Birth Social Security Number

E. _____
Graduating High School Graduation Date

F. _____
Applicant's Current Employer if employed Applicant's Job Title

G. _____
Employers Address City/Town State Zip Phone

H. _____
Parents Names & Address Phone Same as above

I. Are you currently a member of your fire department? Yes ____ No ____

II. EDUCATIONAL GOALS

A. _____
College/University/Institution you plan to attend Location

B. _____
The Major – or the course of study you wish to pursue

C. Please explain your career goals and future educational plans; and why would you be a deserving recipient of a scholarship? Use back of this page if necessary. **Print by applicant only please, no typing**

III. FINANCIAL INFORMATION

A. Briefly discuss any circumstances which affect your (or your family's) ability to pay for educational expenses (i.e. unusual debts, family size, loss of work, disability, etc.).

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B. Please list all other sources of financial aid for which you have applied and/or received.

IV. SIGNATURES and CERTIFICATION

A. I certify that the information contained in this application is accurate and complete to the best of my knowledge.

B. Has another sibling in your immediate family received an ACFA Scholarship in the past 5-years?
YES NO

signature of applicant date

C. The following must be completed by your high school guidance counselor or principal:

(information provided is valid as of this date: ____/____/____)

Grade Point Average: _____

signature of counselor or principal title

print name print name of school

D. The following must be completed by the ACFA Fire Chief of the department with whom the applicant's parent or guardian is/was associated, or which provides fire protection to the town in which the applicant resides.

1. I certify that this applicant is the child of: (please check one)
 an active member with a minimum of five years of service to our fire department, or
 an active member who became disabled or who died while an active member.

Or The applicant does not fall into these categories.

2. I certify that this applicant resides in our fire department's service district.
 Yes No

signature title

print name

department