# **Ray E. Davison Scholarship Application 2024**

# **ADDISON COUNTY FIREFIGHTERS ASSOCIATION**

## **SCHOLARSHIP DESCRIPTION**

## **PURPOSE and INTENT**

In 1991, the Addition 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, graduated, or equivalent planning to pursue postsecondary education.

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 direct family member of an ACFA firefighter, or an active firefighter, or cadet who has completed a minimum of two years of active service with an ACFA department,

f) a direct family member of an active member of an ACFA department, who became disabled or deceased.

## 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 \$1,000 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 1<sup>st</sup>.

- Include any information about contributions you've made to your community.
- Please provide a <u>hand-written</u>, 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

А.					
	Last Name	First Name			Middle Initial
B.					
	Date of Application				Phone
C.	Mailing Address				
	Mailing Address				
	City/Town	State	:		ZIP
D.	Date of Birth				
Е.	Graduating High School			Gradua	tion Date
F.					
	Applicant's Current Employer if employed		Applicant's Job Title		
G.	Employers Address				
	Employers Address	City/Town	State	Zip	Phone
Н.					
	Parents Names & Address			Phone	Same as above
I.	Are you currently a member of your fire department? Yes No				
	EDUCATIONAL	<u>GOALS</u>			
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**

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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.).

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	s of this date:/)			
	Grade Point Average:				
	signature of counselor or princ	cipal title			
	print name	print name of school			
D.	The following must be completed by an ACFA Chief Officer of the department with whom the applicant is associated, or which provides fire protection to the town in which the applicant resides.				
1.	I certify this applicant meets the criteria to receive a scholarship meeting "CONDITIONS OF ELIGIBILITY", a) through f) located on page one of application.				
	[]Yes []No				
	signature	title			
	print name	department			