

SC Firefighters Foundation

SOUTH CAROLINA STATE FIREFIGHTERS FOUNDATION APPLICATION FOR SCHOLARSHIP

PURPOSE: The Purpose of the Scholarship Fund is to assist members of the South Carolina State Firefighters' Association in obtaining college degrees that will benefit the fire service of South Carolina.

AMOUNT: Scholarships up to \$1000.00 will be competitively awarded each year and will be made payable directly to the school or to the individuals if paid receipts are provided. The funds must be used to cover tuition and/or the cost of books.

ELIGIBILITY: Any member of the Association who has been accepted in a two-year or Four-year degree program is eligible. If courses have already been taken toward the degree, a grade average of at least a "C" must have been maintained. An individual may receive only one scholarship per calendar year. Previous recipients of scholarships must reapply annually and complete all of the requirements of the application to be reconsidered for the coming academic year.

DEADLINE: This application, completed fully and accompanied by all requested attachments, must be received in the SC Firefighters' Association Office at 111 Westpark Blvd Columbia, SC 29221 no later than **March 31**.

REVIEW OF APPLICANTS: Applications will be reviewed for completion status by staff of the Firefighters' Association. Should any information be not included, staff will make one attempt to notify the applicant through the email address provided and the applicant given two weeks to offer the missing information. If not complete, the application will not be evaluated. Applications will then be evaluated by the Trustees of the South Carolina State Firefighters' Association Endowment Fund. The Trustees will make the final decision on awarding scholarships and will announce the scholarships during or before the Association's Annual Conference. Any incomplete areas or attachments to the application can be grounds for disapproval.

APPLICANT INFORMATION:

Are you a member of the S C State Firefighters' Association? Yes _____ No _____

Full Name of Applicant _____

Home Address _____

Daytime Phone Number _____

Email address _____

Rank or Position in Fire Department _____

Are you eligible for or are you receiving, educational funding from another source?
Yes _____ No _____

If yes, please explain briefly and clearly stating other scholarship amounts.

EDUCATION: Circle your completed level of education:

HIGH SCHOOL GED COLLEGE: 1, 2, 3, 4 Did you receive a Degree? Yes ___ No ___

If YES what type of degree? _____

Other? _____

SCHOOL YOU PLAN TO ATTEND:

Name of School: _____

Address of School:

Type of Degree you are seeking:

Associates _____ Bachelor's _____ Master's _____ Doctorate _____

Other: _____

School Information (continued)

Name of Major: _____

Telephone Number of School's Registrar: _____

Name of Counselor or Contact Person: _____

Phone number of Counselor or Contact Person: _____

Course(s) and dates that you will be taking:

Name: _____ Dates: _____

Name: _____ Dates: _____

Name: _____ Dates: _____

Name: _____ Dates: _____

Name: _____ Dates: _____

ATTACHMENTS: All five must be provided.

Attachment #1: Copy of the course description(s) from the school's catalog.

Attachment #2: Transcript of completed courses taken toward this degree or high school transcript for first year students. Details or a narrative of any unusual circumstances may be accepted.

YOU MUST HAVE AND/OR MAINTAIN A "C" AVERAGE.

YOU MUST PRODUCE DOCUMENTATION OF YOUR GRADE AVERAGE FOR ANY COMPLETED COURSES GOING TOWARDS THE DEGREE YOU ARE SEEKING BEFORE SCHOLASRHIP WILL BE AWARDED.

Attachment #3: A narrative that describes your career goals, how this degree will benefit the South Carolina fire service and explain your need for financial assistance.

Attachment #4: Two Letters of reference from people who know you, but are not related to you, **not including your fire chief.**

Attachment #5: Current Years Endorsement letter from applicant's Fire Chief verifying employment and scholarship award benefits to the department.

ESTIMATED FINANCIAL ASSISTANCE NEEDS:

Tuition _____ Books _____ Total Amount Applied for _____
(\$1,000 Limit)

DECLARATION:

I declare that all of the information provided is complete and correct to the best of my knowledge.

Applicant's Signature _____ Date _____

TO BE COMPLETED BY THE APPLICANT'S FIRE DEPARTMENT

Fire Department Name: _____

Address: _____

Name of Chief: _____

Length of applicant's involvement in the fire service: _____

Fire Chief's Signature: _____ Date _____