



SOUTH CAROLINA STATE FIREFIGHTERS' ASSOCIATION 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: \$1,000 scholarships will be awarded each academic year and will be made payable directly to the school or to the individual with paid receipts. The funds may be used to cover tuition and 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 academic year. Previous recipients of scholarships must reapply annually and complete all of the requirements of the application to be reconsidered for the coming academy year. Additional consideration in awarding scholarships is given to previous recipients to further their completion of the degree.

DEADLINE: This application, completed fully and accompanied by two letters of reference, must be received in the Association Office no later than March 31, for the coming academic year, starting in the fall semester or quarter.

REVIEW OF APPLICANTS: Applicants will be reviewed by a subcommittee on scholarships appointed by the Association's Executive Committee. The Executive Committee will make the final decision on awarding scholarships and will announce the scholarships during the Association's Annual Conference.

APPLICANT INFORMATION:

Are you a member of the Association? Yes _____ No _____

Full Name of Applicant _____

Home Address _____

Social Security Number _____ Daytime Phone Number _____

Rank and/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 _____

EDUCATION: Circle Completed Level of Education:

HIGH SCHOOL GED COLLEGE: 1, 2, 3, 4 Did you receive a Degree? YES _____ NO _____

If YES what type of the degree? _____

GRADUATE SCHOOL: 1, 2, 3, 4 Did you receive a Degree? YES _____ NO _____

If YES what type of the 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: _____

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:

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

Attachment #2: Transcript of completed courses taken toward this degree.

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 SCHOLARSHIP 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.

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

Attachment #5: Endorsement from applicant’s Fire Chief

ESTIMATED COSTS:

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: _____