



2019-2020 Application Form National Fallen Firefighters Foundation Scholarship Programs

**Application and required attachments must be postmarked by April 1, 2019.
Incomplete or late applications will not be considered.**

APPLICANT INFORMATION

Applicant's Name: _____
Last First Middle Initial

Mailing Address: _____
Street Address/P.O. Box/Apt. Number

City State Zip

The above address is: home school other (check one)

E-mail address: _____

Home Phone: (_____) _____ Daytime Phone: (_____) _____
Area Code Area Code

Date of Birth: _____ Social Security Number: _____

First time Scholarship Recipient: Yes No

FAMILY INFORMATION

Fallen Firefighter's Name: _____

Department/Agency Name: _____

Career or Volunteer? _____

City: _____ State: _____

Date of Death: _____ Your Relationship to the Fallen Firefighter: _____

DEPARTMENT OF JUSTICE

Did your family receive funds from the Public Safety Officers' Benefits Program? Yes No

The Foundation has conducted extensive research in each state to identify the range of benefits available to survivors of firefighters who died in the line of duty. Please be sure to review the Foundation's website at www.firehero.org under the Benefits section to learn more about the educational benefits for which you may be eligible.

EDUCATIONAL BENEFITS

Have you applied to receive educational assistance from public, government, state, or private sources including the Public Safety Officers' Educational Assistance (PSOEA) program? Yes No

Will you be receiving any other scholarships? If so, please list scholarships and amounts. If more space is needed, please use the back of this form.

<u>Scholarship</u>	<u>Amount</u>
_____	_____
_____	_____

ACADEMIC INFORMATION

Type of program for which you plan to enroll for the 2019-2020 academic year:

Graduate Bachelor Associate Technical/Trade Certification

Planned Field of Study: _____

Anticipated year of Graduation or completion of your course of study: _____

Enrolled or Planning to Enroll: Full-time Part-time

INFORMATION ON THE INSTITUTION YOU ARE PLANNING TO ATTEND

The institution must be officially accredited at the regional or national level:

Name: _____

Scholarships will not be awarded unless an accredited institution is indicated.

Bursar's or Financial Aid Office Address: (where the scholarship check will be sent)

City

State

Zip

Student ID Number: _____

Phone Number: (____) _____
Area Code

Estimated annual costs for: Tuition \$ _____ Books \$ _____

REQUIRED APPLICATION DOCUMENTS

(These may be attached to your application or mailed separately. However, all must be postmarked by April 1, 2019.)

- An *official* transcript or letter from a school official from the institution most recently attended. If unavailable, please provide a written explanation and a copy of the highest-level diploma or certification received.

- A Statement of Interest of 500 words or less including:
 - What will a scholarship allow you to accomplish academically that you may not be able to otherwise accomplish?
 - If you have previously received a scholarship from the Foundation, have your goals changed? What are your personal, educational and career goals?
 - What extracurricular, community, and/or volunteer activities are you involved with? Include dates of participation and a brief description of each activity. You may provide an explanation for lack of involvement under special circumstances.
 - Do you have any special circumstances, such as financial hardship, family responsibilities, etc.?
 - Any other information you wish the Scholarship Committee to consider.

- Two letters of recommendation. One letter should be from an educator, employer, or a member of the community familiar with you and your goals and the other from a member of the fire service. If it is not possible to provide a letter from a member of the fire service, please submit a statement explaining why. If you do not have a letter from a member of the fire service, *you must submit a second letter from another source.*

- A recent photograph for the Foundation newsletter. Photographs will only be used if you are selected to receive a scholarship.

You must submit a full application package, even if you have previously received a Foundation scholarship. It is the responsibility of the Applicant to contact the Foundation to ensure that all required documents have been received.

If selected to receive a scholarship, I agree to being interviewed to help expand and promote the Foundation's Scholarship Program. (Select One) Yes No

If selected to receive a scholarship, I agree to provide academic and career updates.
(Select One) Yes No

I certify that all the information contained in this application and attachments is accurate. I understand that the Foundation may verify all information I have provided as part of my application for this scholarship.

Signature

Date

**Send this application and all required information to:
Scholarship Committee, National Fallen Firefighters Foundation
P. O. Drawer 498, Emmitsburg, Maryland 21727**