



FIREFIGHTERS ASSOCIATION

OF

STEVENS COUNTY FIRE DISTRICT 4

SENIOR SCHOLARSHIP PROGRAM

One \$500.00 presentation

QUALIFICATION INFORMATION:

The applicant must be a high school senior (or home schooled equivalent) in the current year that he or she is applying for the scholarship and reside in the greater Chewelah and Valley area.

The applicant must also demonstrate that he or she is registered in or has been accepted to an accredited post-secondary school, college, university or institute with the goal of pursuing an education in a fire service, public safety, law enforcement, emergency medical or public service field, or a closely related field such as teaching, forest management, wildland management, and etcetera.

APPLICATION PROCEDURES:

If you meet the above qualifications, and would like to apply for a Firefighters Association scholarship, you must:

1. Complete the attached "Senior Scholarship" application form.
2. On a separate sheet or sheets;
 - a. List all school related activities (non-class room) in which you have participated during the past four years. Please include the name of the activity and the date or years of participation.
 - b. List all outside of school activities including community or volunteer activities in which you have participated, without pay, during the past four years. Please include the name of the activity and the date or years of participation.
 - c. List any special awards or honors that you have received during the past four years. Please include the name of the honor or award and the date.
3. Submit an essay or letter on "Volunteerism in my Community", containing not less than 200 words nor more than 300 words. The essay must be legible and may or may not be typed.

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Valley, WA 99181

4. Provide photocopy proof of enrollment or acceptance to your chosen post-secondary institution. The scholarship check will be made payable to that institution.
5. Provide letters of recommendation from 2 teachers or instructors or counselors who are familiar with you and your work in the community.
6. Provide an up to date copy of your High School transcript.
7. Package the above items (1 through 6) and turn them in to your High School Career Counselor not later than May 1. The Counselor will forward them to the Firefighters Association.

EVALUATION INFORMATION:

Upon acceptance of entries, the "Association Scholarship Committee" will evaluate the entries based upon a variety of criteria including but not limited to; need, scholarship, community involvement, essay, originality and creativity.

Priority will be given to those applicants who plan to pursue a career in public service and who live within the boundaries of Stevens County Fire District 4 or who are current members of the District.

The committee will report their recommendation to the association membership for authorization to grant the scholarship. You will be notified prior to graduation whether or not you have been awarded the scholarship. The scholarship is available to all persons who meet the qualifying criteria regardless of race, creed, ethnicity or gender.

Note: The "Firefighters Association of Stevens County Fire District 4" is a nonprofit group, composed of current and retired volunteer members of Fire District 4. The goals of the group are:
To support the operations and processes of Stevens County Fire District 4.
To support our community.

The Association is self supporting through member dues, donations and fund raisers. The Association receives no funding from Fire District 4. No tax monies are used to support the Association or its programs and projects.

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of
Stevens County Fire Dist. 4
**SENIOR SCHOLARSHIP PROGRAM
APPLICATION FORM**

A. APPLICANT INFORMATION

_____/_____/_____
Last Name First Name Middle Initial
_____/_____/_____
Home Address City State Zip
_____/_____/_____
Phone Number Date of Birth Email Address

Mailing Address

Names of Parents or Guardians

_____/_____/_____/_____/_____
Home Address City State Zip Phone

Mailing Address

B. SCHOOL INFORMATION

_____/_____
High School Attending Date of Graduation

Name of school for which this scholarship is requested

School Address

Major Field of Study

C. OTHER INFORMATION

Will your parents/guardians assist you financially in continuing your education? Yes ___ No ___
Little or none: ___ Approximately Half: ___ Most or all: ___

Signature of Applicant

Signature of Parent/s or Guardian

Date: _____

Date: _____