

## **Fire Academy FSA 2011 Scholarship Program**

Fire Academy FSA, the Faculty Student Association at the New York State Academy of Fire Science, announces its 2011 Scholarship Program, open to Association members and their dependents.

Through its Scholarship Program, the Association works to enhance the quality of fire service leadership and service through academic achievement at the Fire Academy and college levels. Annual scholarship awards of up to \$1,000.00 are available to qualified students seeking to advance their education in the following field:

- Fire suppression
- Fire prevention
- Fire officer
- Fire administration
- Programs in architecture as related to the fire service.

Scholarship awards may be applied to courses at the Associate's, Bachelor's or Graduate level, as well as to course work at the New York State Academy of Fire Science.

### **Selection Criteria**

The Scholarship Committee will grant awards to those applicants who demonstrate the greatest potential for positively impacting the fire service. Each applicant will be judged based on the following factors:

- Scholastic achievement
- Financial need
- Career goals and potential
- Recommendations (from Chief of Department and others)
- Fire service position and experience
- Program or course work selected and how they relate to Scholarship Program goals.

### **Application**

Applicants must submit a completed and signed Scholarship Application form, with all required attachments. (See application for details.)

### **Application Deadline**

For 2011, applications must be postmarked no later than **April 18, 2011**.

Mail the application and supporting materials to:

Scholarship Committee  
Fire Academy FSA  
600 College Avenue  
Montour Falls, NY 14865

For more information on the Scholarship Program or how to join the Association, contact the Executive Director at 800-758-1818 or e-mail at [execdir@fireacademyfsa.com](mailto:execdir@fireacademyfsa.com).

# Fire Academy FSA Scholarship Application - 2011

Please complete this application by printing **clearly**, in ink, or by typewriter. Be sure to also submit the required attachments listed on Pages 2 and 3.

## Personal Information:

Name \_\_\_\_\_ FSA Member \_\_\_ Dependent \_\_\_  
Street Address \_\_\_\_\_ County \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_

## Fire Department Information:

Department Name \_\_\_\_\_  
Department Address \_\_\_\_\_  
Membership: \_\_\_ Career member \_\_\_ Volunteer member \_\_\_ Other: \_\_\_\_\_  
(please specify)  
Length of Service: \_\_\_ Years; \_\_\_ Months Current Position \_\_\_\_\_

## Educational Information:

Educational level achieved to date (circle highest): High School: 1 2 3 4 College: 1 2 3 4  
Are you eligible for, or are you receiving educational funding from any other source?  
\_\_\_ Yes \_\_\_ No; If so, please explain \_\_\_\_\_

Are you enrolled in a degree program?

\_\_\_ Yes \_\_\_ No; If so, at what institution? \_\_\_\_\_  
Program of study \_\_\_\_\_  
Degree sought \_\_\_\_\_

**Proposal for Support:** I seek Faculty Student Association scholarship support for the following course of study:

Institution Name: \_\_\_\_\_ Course Title \_\_\_\_\_  
Address: \_\_\_\_\_ Course Number \_\_\_\_\_ # of Credits \_\_\_\_\_  
\_\_\_\_\_ Course Dates: \_\_\_\_\_ to \_\_\_\_\_

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### References:

As required by the Association, I submit the following two references (not related to me) who can evaluate my potential for academic success. By submitting this application, I authorize the Scholarship Committee to contact the individuals listed as part of the review process.

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

### Required Attachments:

**The following supplementary materials must be attached to this application:**

- Proof of Faculty Student Association membership.
- A transcript or official record verifying academic performance for at least your previous year of school.
- A copy of information from the college catalog of the course description; program of study; and tuition and fee statement.
- Written application endorsement from your department Chief.
- Copy of IRS Form 1040 from the previous year (FY 2010 - applicant's or parent's).
- **A 500-word statement describing your career plans and how scholarship support from the Faculty Student Association will favorably impact the quality of your fire service leadership and service and will enable you to achieve your future life goals.**

### Certifications:

1. In applying for this scholarship, I am aware that any scholarship awarded must be applied against my tuition. If the tuition for the course or program selected is less than the scholarship, I am eligible to receive only the amount of the tuition, and I have no claim against Fire Academy FSA or the college for the excess.
2. I understand that any scholarship award will not be given as a cash gift or grant.
3. I understand that any scholarship award may not be applied to travel, transportation, room or board expenses.

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4. In applying for this scholarship, I understand that scholarship awards that are to be applied to courses at the New York State Academy of Fire Science will only be reimbursed after successful completion of the course as verified by the Fire Academy registrar.
  
5. I understand that Fire Academy FSA reserves the right to limit the number of scholarships awarded each year.
  
6. I agree to return to Fire Academy FSA an amount equal to the scholarship award, should I withdraw from the course(s) or program supported prior to formal completion.
  
7. I agree to submit to Fire Academy FSA an official college transcript at the end of each semester for which a scholarship is awarded.
  
8. I declare that all statements made in this application are complete and correct to the best of my knowledge. I agree to abide by the scholarship rules set forth above and recognize that failure to do so will forfeit my scholarship eligibility and benefits.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_