

NHCFFA \$250.00 Fire Department Member Scholarship Application

Please be sure to include

1. A completed application.
2. A letter of recommendation from the Fire Chief (or their designee) of the member department .
3. A statement from the applicant discussing the applicants goals for his or her life and how he or she feels continued education will help achieve those goals.
4. A Resume.
5. You must be enrolled and accepted at an accredited College or University.
6. Have a valid Student ID Number issued by the College or University where you will be attending or are attending.
7. A resident of New Hanover County or affiliated with a New Hanover County Fire Department. The firefighter must be a member of the New Hanover County Fire Fighter's Association.

This application is form fill able, click in each item, fill in your information and then print. You can save a local copy as needed.

The completed applications must be received by the New Hanover County Fire Fighter's Association postmarked no sooner than May 15th and no later than June 15th . **Applications received with a postmark before May 15th or after June 15th will not be considered.**

Hand delivered applications will not be accepted.

NHCFFA reserves the right to accept or reject any and all Scholarship Applications.

Please include all supporting documentation with the completed application and mail to

**New Hanover County Fire Fighter's Association
Scholarship Committee
NHCFFA Scholarship
PO Box 4165
Wilmington, North Carolina 28406**

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Applicant Information:

Fire Department Name _____

Applicants First Name _____ Last Name _____

Applicants Mailing Address:

Street _____

City _____

State _____ Zip code _____

Phone Number _____

Current Martial Status _____ Number of Dependents _____

How long have you been a member of the fire service in New Hanover County _____

Your current rank or position held within the above department _____

Have you been accepted to a college, university or community college Yes No

If so, please list the name, address and telephone number of the College or University.

Student ID Number _____

What program of study are you enrolled in or applying for?

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Financial Information:

Please describe any unusual circumstances that affect your family's finance or any circumstances that you want us to consider for this scholarship (attach additional information as needed).

Please list last years Adjusted Gross Income from your tax return _____

If no income tax return was filed, please explain why

List any income or benefits received in the previous year, which are not included in the figure above

Have you received or do you anticipate receiving other scholarships or grants to pay for your education Yes No

If yes please identify the sources and amounts (including tuition paid by your fire department).

Please date and sign this form to indicate that the information you have submitted is accurate and complete to the best of your knowledge.

Applicants Signature and Date

Fire Chiefs Signature and Date