

NEBRASKA STATE VOLUNTEER FIREFIGHTERS' ASSOCIATION AUXILIARY SCHOLARSHIP

APPLICATION CRITERIA:

- Nebraska Resident
- High School Graduation of current year
- Full Time Nebraska Senior High Student
- ****Minimum Grade Point Average of 2.5
- ****College Enrollment Applications submitted to a College or Trade School (does not have to go to a NE college) prior to submitting Auxiliary Scholarship Application.
- ****Submit **two** (2) Letters of Recommendation (excluding immediate family members)
- ****Copy of high school transcript (**do not need ACT scores or pictures**)
- ****In 100 words or more: Explain what his/her college goals are

AMOUNT: \$250

When the secretary of the Nebraska State Vol. Firefighters Assn. Auxiliary receives a letter from the college stating student is **attending** that college, the **\$250 scholarship check** will be payable to school and student. **If student does not attend this college upon acceptance, check is to be returned to the address below.**

SELECTION OF RECIPIENT:

The recipient will be selected by a committee appointed by the Nebraska State Volunteer Firefighters' Association Auxiliary.

TO APPLY:

Interested students should contact their Financial Aid office, their School Counselor, or Kathy Horn, 515 Banner St, Schuyler, NE 68661-2434.

DEADLINE:

The application, transcript showing the grade point average, two (2) letters of recommendation, and essay must be postmarked no later than April 10 of each year.

ONLY THE SCHOLARSHIP RECIPIENT WILL BE NOTIFIED.

Please mail to:

**Kathy Horn, Secretary
NE State Volunteer Firefighters' Assn. Auxiliary
515 Banner St
Schuyler, NE 68661-2434
Questions – Call:
Home: 402-352-5538
Cell: 402-615-0974**

NEBRASKA STATE VOLUNTER FIREFIGHTERS' ASSOCIATION AUXILIARY SCHOLARSHIP

NAME:
(Last) _____ (First) _____ (Middle) _____

CURRENT ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE () _____

PERMANENT ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE() _____

SOCIAL SECURITY NUMBER _____

HIGH SCHOOL _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

DATE OF HIGH SCHOOL GRADUATION: _____

GRADE POINT AVERAGE: _____

SCHOOL ACTIVITIES: _____

HONORS/AWARDS: _____

STUDENT GOVERNMENT:

(use extra page if needed)

continued on next page

ATHLETICS : _____

SCHOOL CLUBS/ORGANIZATIONS: _____

OTHER: _____

COLLEGE APPLICATION MADE TO:

COLLEGE: _____

ADDRESS _____

City _____ **STATE** _____ **ZIP** _____

COLLEGE: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP** _____

COLLEGE: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____

DATE OF ENROLLMENT: _____

(use extra page if needed)