



NSVFA



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NEBR. STATE VOLUNTEER FIREFIGHTER'S ASSN. SCHOLARSHIP - \$750.00
NEBRASKA FIRE CHIEF'S ASSN. SCHOLARSHIP ----- \$500.00

The NSVFA and Nebraska Fire Chief's Assn. do not discriminate on the basis of race, color, religion, sex, marital status, national origin, ancestry, age, veteran status, disability, or any other legally protected characteristic in the administration of their scholarships.

APPLICATION CRITERIA:

- Nebraska Resident
- Scholarships available for all full time students who have completed 2 (two) semesters of a qualified Fire Technology course of study at any College or University and who can furnish proof of enrollment in a 3rd semester of the Fire Technology course of study.
- Minimum Grade Point Average 3.0
- Financial Need Must be Demonstrated
- Submit a Statement of Career Goals
- Submit a Letter of Recommendation from a Local Fire Department
- Attach a copy of Current College Transcript

AMOUNT:

NSVFA Award	\$750.00
Nebraska Fire Chief's Assn. Award	\$500.00

TO APPLY:

Interested students should complete the attached application and return to the NSVFA Office, P.O. Box 101, York, NE 68467-0101 with documents listed above and the transcript of your GPA.

SELECTION of RECIPIENT:

One recipient for each scholarship will be selected individually by the Nebraska State Volunteer Firefighter's Assn. and Nebraska Fire Chief's Assn. Scholarship Committees.

DEADLINE:

The Application must be postmarked by September 10, 2010, and include the statement of career goals, transcript, letter of recommendation from the local fire department and proof of enrollment in the 3rd semester of the Fire Technology course of study.. The application should be sent to the following address:

NSVFA Office
P.O. Box 101
York, NE 68467-0101

NEBRASKA STATE VOLUNTEER FIREFIGHTER'S ASSOCIATION

And

NEBRASKA FIRE CHIEF'S ASSOCIATION

SCHOLARSHIPS' FORM

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PERSONAL DATA:

LAST NAME _____

FIRST NAME _____

MIDDLE _____

PRESENT ADDRESS:

STREET _____

CITY _____

STATE _____ ZIP _____

PHONE _____

PERMANENT ADDRESS:

STREET _____

CITY _____

STATE _____ ZIP _____

PHONE _____

MARITAL STATUS _____ Number Dependents _____

If you are a dependent, please list:

PARENTS:

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____ PHONE _____

HOME TOWN NEWSPAPER:

NEBRASKA STATE VOLUNTEER FIREFIGHTER'S ASSOCIATION

And

NEBRASKA FIRE CHIEF'S ASSOCIATION

SCHOLARSHIPS' FORM

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EDUCATION INFORMATION:

High School _____

Address _____

Telephone _____

Date of Graduation _____

GPA _____

COLLEGE(s) POST SECONDARY SCHOOLS ATTENDED:

Name _____

Address _____

Dates Attended _____

Graduation Date _____

Name _____

Address _____

Dates Attended _____

Graduation Date _____

Current College _____ (Attach Transcript)

Program of Study/Major _____

Date enrolled _____

Expected date of graduation _____

ACTIVITIES:

Honors/Awards _____

Student Government _____

Athletics _____

School Clubs/Organizations _____

Community Clubs/Organizations _____

(Attach Additional Pages if Required)

**NEBRASKA STATE VOLUNTEER FIREFIGHTER'S ASSOCIATION
And
NEBRASKA FIRE CHIEF'S ASSOCIATION**

SCHOLARSHIPS' FORM

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FIRE/RESCUE EXPERIENCE:

Have you served as a volunteer member of any organized fire/rescue department?

Name _____

Contact Name _____

Contact Telephone _____

Can either committee contact the department reference?

YES

NO

FINANCIAL RESOURCES: Please supply detailed financial resources you will receive for the school year:

Source	Amount	Per Month
Employment	\$	
Family/Spouse	\$	
Military Benefits	\$	
Scholarship Aid (includes Guard tuition waivers)	\$	
Other Income #1	\$	
Other Income #2	\$	

Total Estimated Support per Month \$ _____

ESTIMATE of EXPENSES Per Month:

Item	Amount	Per Month
Room & Board	\$	
Tuition and Fees	\$	
Books & Supplies	\$	
Personal Expense	\$	

Total Estimated monthly expenses \$ _____

TOTAL ESTIMATED NEED FOR CURRENT SCHOOL YEAR:

\$ _____

NEBRASKA STATE VOLUNTEER FIREFIGHTER'S ASSOCIATION

And

NEBRASKA FIRE CHIEF'S ASSOCIATION

SCHOLARSHIPS' FORM

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I hereby waive the right to see any and all recommendations submitted on my behalf in connection with this application and authorize the college to release information concerning receipt of any scholarship from the college.

_____ DATE _____
Applicant's Signature

This scholarship will be awarded at the NSVFA Annual Conference Banquet on Saturday evening, October 16 2010, at Chadron (Location and times to be announced).

_____ If I am selected, I will be able to attend the banquet awards presentation.

_____ If I am selected, I will not be able to attend the banquet awards presentation.

Nebraska State Volunteer Firefighters Association
P O Box 101, York, Nebraska 68467-0101
Telephone: Toll Free (800) 642-6024 D/D (402) 362-2255
Fax: (402) 362-2266
Email: nsvfa@windsteam.net Web: nsvfa.org