

NEBRASKA FIRE CHIEFS ASSOCIATION

521 FIRST STREET, PO BOX 10, MILFORD, NE 68045

NEBRASKA FIRE CHIEFS ASSN. SCHOLARSHIP..... \$750.00

The Nebraska Fire Chiefs Association does not discriminate based on race, color, religion, sex, marital status, national origin, ancestry, age, veteran status, disability, or any other legally protected characteristic in the administration of their scholarship.

APPLICATION CRITERIA:

- Nebraska Resident
- The scholarship is available for anyone pursuing a public safety career
- Minimum Grade Point Average 3.0
- Financial Need Must be Demonstrated
- Submit a Statement of Career Goals
- Attach a copy of Current College Transcript

AMOUNT:

Nebraska Fire Chiefs Association Award \$750.00

TO APPLY:

Interested students should complete the attached application and return to the NSVFA Office, PO Box 10, Milford, NE 68405 with documents listed above and the transcript of your GPA.

SELECTION OF RECIPIENT:

One recipient for the scholarship will be selected individually by the Nebraska Fire Chiefs Association Scholarship Committee.

DEADLINE:

The Application must be postmarked by January 31st to the NSVFA, PO Box 10, Milford, NE 68405 or submitted electronically by January 31st to staff@nsvfa.org. Remember that the statement of career goals, statement of financial need, and transcript must accompany the application. Scanned copies attached electronically will be accepted.



NEBRASKA FIRE CHIEFS ASSOCIATION

Phone: 402-761-2211 | Fax: 402.761.2224

Email: staff@nsvfa.org | Website: www.nsvfa.org

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PERSONAL DATA:

FIRST NAME: _____ MIDDLE INITIAL: _____
LAST NAME: _____

PRESENT ADDRESS:

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

PERMANENT ADDRESS:

ADDRESS: _____
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:



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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)

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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:

\$ _____

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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.

Applicant's Signature

DATE _____



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