



Fire Fighters Association of Missouri

Scholarship Application Continuing Education

Scholarship Rules

Applicant is applying for one non-renewable \$500 scholarship.

1. Applicant must be a U.S. citizen.
2. Applicant must be an active member of the FFAM.
3. Applicant must write and attach to the application a 500 word essay describing how they will benefit from continuing their education and their need for financial assistance.
4. Applicant must submit three letters of reference from someone other than family members. One letter of reference must come from the Chief of their member department. Include contact information for those submitting the letters of reference (i.e. telephone number, address, etc.).
5. Applicants who received a 1st Year Scholarship are eligible to apply for a Continuing Education Scholarship.
6. If awarded, funds must be used toward continuing education courses in a firefighting or emergency response field, and through an accredited institution for:
 - a) An accredited certification or licensing
 - b) CEU's to be applied toward an accredited certification or licensing

AND/OR

- c) Continuing education at a college or university in Missouri

*If applying for the scholarship for continuing education at a college or university, the applicant's degree program does not have to be firefighting or emergency response related.

Applications will be accepted until midnight, February 28 of each year and should be submitted to:

Fire Fighters Association of Missouri
Grant Oetting, Scholarship Committee Chair
PO Box 1153
Warrensburg, MO 64093

The scholarship funds will be applied directly toward the recipient's account at the designated college/university/training institution after verification of enrollment is received by the FFAM Secretary. Scholarship funds can be used for tuition, books, supplies and equipment required for courses at the educational institution. The FFAM reserves the right to verify proof of acceptable expenditures of the scholarship funds (i.e. receipts, etc.).



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The recipient has six months from the award date to present required enrollment information to receive the scholarship funds. In the event that the recipient fails to enroll at their designated college/university/training institution within six months of the award date of the scholarship, the scholarship will be forfeited and awarded to a runner-up recipient. Should a recipient change their designated college/university/training institution subsequent to receipt of the scholarship award, the scholarship may be rescinded by the Scholarship Committee if, in its sole discretion, it determines that the change would have had a material effect on its decision to award the scholarship in the first place.

Any interpretations, determination and/or disputes not referenced herein will be addressed and resolved by the Scholarship Committee which will have sole discretion with respect to the scholarship program for the Fire Fighters Association of Missouri.

Scholarship recipients will be announced at the FFAM convention of each year following the application deadline.



Fire Fighters Association of Missouri

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Date of application: _____

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

OFFICE USE ONLY

Date received: _____ Time: _____

Received by: _____

Applicant number: _____



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EDUCATIONAL INFORMATION

College/University/Training Institution enrolling at: _____

Planned field of study: _____

Type of program in which you plan to enroll:

Bachelor Associate Technical/Trade Certification CEU

Planning to enroll: Full-time Part-time Other _____

COMMUNITY/CIVIL INVOLVEMENT

List current organizations or any community involvement that you have been a part of:

What fire department are you a member of? _____

Are you a member of the FFAM? Yes No



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FINANCIAL AID INFORMATION

Income and asset data

Expenses – estimated cost of education per year

	Amount
Tuition and fees	\$ _____
Room and board (if applicable)	\$ _____
Books and supplies (if applicable)	\$ _____
Transportation (if applicable)	\$ _____

TOTAL EXPENSES	\$ _____ A
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Income

Name of grant or scholarship and amount

Federal, state, grants, scholarships and other awards. List loans and work study in next section.	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
List additional on separate page.	_____	\$ _____

TOTAL GRANTS/SCHOLARSHIPS	\$ _____ B
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Loans, work study or department assistance

Name of source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL LOANS, WORK STUDY, DEPT ASSISTANCE	\$ _____ C
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TOTAL INCOME (B + C)	\$ _____ D
FINANCIAL NEED (A - D)	\$ _____ E

I certify that the information I have furnished is correct and complete to the best of my knowledge and understand that it may be subjected to verification by the FFAM. I understand and agree that misrepresentation, falsification or omission may be considered sufficient cause for rejection.

Signature: _____ **Date:** _____