



Fire Fighters Association of Missouri

Scholarship Application 1st Year

Scholarship Rules

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

1. Applicant must be a U.S. citizen.
2. Applicant must be preparing to attend their first year of college.
3. Applicant must have a GPA of 3.0 or above.
4. Applicant must enclose a copy of an official high school transcript or equivalent.
5. Applicant must be an active member of the FFAM or be a relative of an active FFAM member.
6. Applicant must write and attach to the application a 500 word essay describing their interests, experiences and activities that have contributed to their decision to enter their chosen profession.
7. Applicant must submit three letters of reference from someone other than family members. If applicant is a member of a fire department, one letter of reference must come from the Chief of the department. Include contact information for those submitting the letters of reference (i.e. telephone number, address, etc.).
8. Applicant must enroll in a college or university in Missouri.

Preference will be given based on:

1. Family income or need.
2. Those choosing to enroll in fire science or emergency services related courses.
3. Active members of a Junior or Explorer program.

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

FFAM Scholarship Committee
PO Box 1153
Warrensburg, MO 64093

The scholarship funds will be applied directly toward the recipient's account at the designated college/university 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 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change their designated college/university subsequent to receipt of the scholarship award, the scholarship may be rescinded by the Scholarship Committee if, in its sole discretion, it determines that the change would have had a material effect on its decision to award the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.



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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

School(s) Attended

Address

Current grade point average: _____

Anticipated year of graduation (if applicable): _____

College or University enrolling at: _____

Planned field of study: _____

Type of program in which you plan to enroll:

Bachelor Associate Technical/Trade Certification

Planning to enroll: Full-time Part-time

Will this be your first year of college? Yes No

COMMUNITY/CIVIL INVOLVEMENT

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



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Are you a member of a fire department? Yes No

If yes, what department? _____

Are you a member of the FFAM? Yes No

If no, list a relative that is an active FFAM member (include name of fire department):

FINANCIAL AID INFORMATION

Income and asset data

Expenses – estimated cost of education per year

	Amount
Tuition and fees	\$ _____
Room and board	\$ _____
Books and supplies	\$ _____
Transportation	\$ _____

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 and work study

Name of source

Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL LOANS AND WORK STUDY	\$ _____	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:** _____