

Wake County Firefighter's Association

Firefighter Scholarship Award

In the amount of Five Hundred Dollars (USD 500.00) to attend a course of study at a community college, college or university.

Application Form

Submitted By _____
(Organization Name)

Section A - Applicant Information

Name _____
(Last) (First) (MI)

Mailing Address _____
(Street Address)

(City) (State) (Zip Code)

Phone _____ Social Security # _____ - _____ - _____

Is your organization a member of the Wake County Firefighter's Association? Yes No

How long have you been a firefighter? _____ Years _____ Months

Section B - Career Plans

Have you applied to a community college, college or university? Yes No

If so, where and what program? _____

Have you been accepted by a program for which you applied? Yes No

Section C - Educational Background

Date of High School Graduation _____ / _____
(Month) (Year) Diploma Received? Yes No

Name of High School Attended _____

Cumulative High School GPA (unweighted) _____ Class Rank _____ out of _____

Section D - Student Status

Are you currently employed?

Yes

No

If so, please describe and provide information about the type of job and number of hours per week involved.

Please list extra-curricular school related activities in which you are or have been involved during high school (for example: sports, band, clubs). Also indicate any offices held and the amount of time you have spent involved in these activities.

Activity

Office Held

Hours per Week

Please list and briefly describe church and community activities in which you are or have been involved during high school (for example: choir, ushers, scouts, 4-H, volunteer fire / rescue). Indicate any offices held and the amount of time you have spent involved in these activities.

Activity

Office Held

Hours per Week

Please list any honors you have received.

What is the number of family members supported by you? (Include yourself and parents as well as any other children or people who live with and are supported primarily by you)

Name	Relationship	Age

What is the number of family members supported by you parents? (Include yourself and parents as well as any other children or people who live with and are supported primarily by your parents)

Name	Relationship	Age

Of the family members previously listed, how many will be in college for at least half-time for at least one term in any of the next for years? (Include yourself) _____

Please describe any unusual circumstances which affect your family's finances, or any other circumstances that you would like for us to consider for this scholarship (for example, physical or mental illness or disability of you or either of your parents).

Section F - Financial Information

Student

The following questions refer to the student's income and tax figures for the last calendar year.

Please indicate which tax form was completed (check only one):

- 1040A or 1040EZ
- 1040
- Income tax was not filed

Last year's adjusted gross income: \$ _____

Any income and/or benefits received in the last calendar year, which are not included in the above figure (for example, interest on tax exempt bonds): \$ _____

If you did not file income tax for last calendar year, please explain why:

Have you received, or do you expect to receive, other grants or scholarships to pay for your education?

- Yes No

If yes, please explain these additional sources of funding.

Do you anticipate applying for student loans to pay for your education?

- Yes No

Parents

The following questions refer to the parent's income and tax figures for the last calendar year.

Please indicate which tax form was completed (check only one):

- 1040A or 1040EZ
- 1040
- Income tax was not filed

Last year's adjusted gross income: \$ _____

Any income and/or benefits received in the last calendar year, which are not included in the above figure (for example, interest on tax exempt bonds): \$ _____

If you did not file income tax for last calendar year, please explain why:

Section G - Asset Information

Please provide the value of the following assets owned by the student or the student's parents. Please put '0' if none. If necessary, these values may be estimated.

Asset	Student	Parent
Home Value	\$	\$
Home Debt (Mortgage and / or Home Equity Loan)	\$	\$
Cash, Savings, Checking Account	\$	\$
Other real estate and investment value (not including home)	\$	\$
Other real estate and investment debt (not including home)	\$	\$
Retirement plans or similar assets	\$	\$
Business Value	\$	\$
Business Debt	\$	\$

Section H - Signature

Please sign and date this form to indicate that the information you have provided is accurate and complete to the best of your knowledge.

(Student Signature)

(Date)

(Student's Printed Name)

(Parent's or Guardian's Signature)

(Date)

(Parent's or Guardian's Printed Name)

Acknowledgement of Selection by Committee:

If the selection committee from your fire department submits your application on behalf of the fire department, the Fire Chief or his/her designee must sign below to indicate that a selection committee, which was organized in accordance with the Scholarship Policy of the Wake County Firefighter's Association, has chosen this application for submission.

(Fire Chief or Designee's Signature)

(Date)

(Fire Chief or Designee's Printed Name)