

***FIRE CHIEFS COUNCIL OF SUFFOLK COUNTY, INC.***

**SCHOLARSHIP AWARD APPLICATION**  
**GENERAL INFORMATION & CRITERIA FOR SELECTION**

The Fire Chiefs Council of Suffolk County is pleased to announce the availability of two (2) \$1,000 scholarships to Suffolk County High School graduating seniors. Also, one (1) \$1,000 scholarship will be awarded to an active volunteer firefighter or EMS member for continuing education. All high school senior applicants must be an immediate family member of an active volunteer fire department or fire company member and must reside within the County of Suffolk.

Applications will be available from the Fire Chiefs Council of Suffolk County web site [www.suffolkfirechiefs.com](http://www.suffolkfirechiefs.com) or by contacting Chief LaFerrera at 631-484-7917 or Gregory Anderson at 516-241-1985.

To be considered for this honor, applications must be postmarked by February 13, 2010. The scholarships will be awarded at the March 2010 meeting of the Fire Chiefs Council of Suffolk County.

**CRITERIA FOR SELECTION**

1. The recipients must be continuing on to further their education at a two or four year accredited college or university.
2. The three scholarships will be awarded as follows:
  - a) Graduating High School Senior – Male
  - b) Graduating High School Senior – Female
  - c) Continuing education – Firefighter/EMS (male or female)
3. Awards will be made directly to recipients upon successful completion of the first semester and proof of registration for the second semester at an accredited college or university.
4. Applicants will be evaluated by a committee appointed by the president of the Fire Chiefs Council of Suffolk County. All decisions of the committee are final.
5. Recommendation Requirements:
  - a) High School Seniors - Two (2) teacher recommendations, Guidance Counselor Endorsement and one (1) personnel recommendation must accompany each application.
  - b) Firefighter/EMS Applicant – Chief of Department recommendation and one (1) personnel recommendation must accompany each application.
6. All applications must be postmarked by February 13, 2010. Mail all applications to Chief A. LaFerrera, 104 Kime Avenue, North Babylon, NY 11703.

**ALL INFORMATION IS CONFIDENTIAL AND FOR USE BY THE FIRE CHIEFS**  
**COUNCIL SCHOLARSHIP COMMITTEE ONLY**

***FIRE CHIEFS COUNCIL OF SUFFOLK COUNTY, INC.***

**SCHOLARSHIP AWARD APPLICATION**

1. Applicant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_
  2. Address: \_\_\_\_\_
  3. Telephone No.: \_\_\_\_\_
  4. Parents Name: \_\_\_\_\_
  5. Parents Address: \_\_\_\_\_
  6. Parents Fire Department Affiliation: \_\_\_\_\_
  7. College or University attending: \_\_\_\_\_
  8. Major Area of Study: \_\_\_\_\_
  9. List any community organizations or clubs that you have been a member of and the length of involvement:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  10. Have you received any other scholarships or financial assistance? Please list:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  11. List any extra curricular activities you are involved in at your college or university:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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**SCHOLARSHIP AWARD APPLICATION**  
**GUIDANCE COUNSELOR ENDORSEMENT**

This form is to be completed by the applicant's high school Guidance Counselor:

1. Applicant's Name: \_\_\_\_\_
  2. Guidance Counselor's Name: \_\_\_\_\_
  3. Guidance Counselor's Signature: \_\_\_\_\_
  4. High School: \_\_\_\_\_
  5. Number of years as a Guidance Counselor: \_\_\_\_\_
  6. Please describe the applicant's involvement and accomplishments in school and community activities and under your guidance. We would be particularly interested in how he/she related to other students, faculty, administration and other support personnel. If there is other information that you feel might help the selection committee, please feel free to comment. We are looking for a deserving student that is planning a career in some type of community service. Use space below or attach recommendation to this form.
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**SCHOLARSHIP AWARD APPLICATION**  
**PERSONNEL REFERENCE**

This form is to be completed by a person who is not:

A relative of the applicant

A high school or college level teacher of the applicant

A member of the applicant's high school administration

A member of the applicant's local fire department or district

1. Applicant's Name: \_\_\_\_\_
  2. Your Name: \_\_\_\_\_
  3. Signature: \_\_\_\_\_
  4. Address: \_\_\_\_\_
  5. Telephone Number: \_\_\_\_\_
  6. Occupation: \_\_\_\_\_
  7. Employer/Firm: \_\_\_\_\_
  8. How long have you known the applicant: \_\_\_\_\_
  9. Please briefly describe the nature of your acquaintance with the applicant and any personal traits and qualities that you consider exceptional or outstanding. If there is other information that you feel might help the selection committee, please feel free to comment. We are looking for a deserving student that is planning a career in some type of community service. Use space below or attach recommendation to this form.
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**SCHOLARSHIP AWARD APPLICATION**  
**CHIEF OF FIRE DEPARTMENT RECOMMENDATION**

This form is to be completed by the applicant's Chief of Fire Department:

7. Applicant's Name: \_\_\_\_\_
  8. Fire Chief's Name: \_\_\_\_\_
  9. Fire Chief's Signature: \_\_\_\_\_
  10. Fire Department: \_\_\_\_\_
  11. Applicant's years of service to department: \_\_\_\_\_
  12. Please describe the applicant's involvement and accomplishments in the fire service and community activities. We would be particularly interested in how he/she related to chiefs, officers and members of the department and with members of your local community. If there is other information that you feel might help the selection committee, please feel free to comment. We are looking for a deserving student that is planning a career in some type of community service. Use space below or attach recommendation to this form.
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**SCHOLARSHIP AWARD APPLICATION**  
**TEACHER'S RECOMMENDATION**

This form is to be completed by one of the applicant's high school teachers:

12. Applicant's Name: \_\_\_\_\_
  13. Teacher's Name: \_\_\_\_\_
  14. Teacher's Signature: \_\_\_\_\_
  15. High School: \_\_\_\_\_
  16. Number of years as teacher: \_\_\_\_\_
  17. Class (es) in which the applicant was your student:  
\_\_\_\_\_ Final Grade \_\_\_\_\_  
\_\_\_\_\_ Final Grade \_\_\_\_\_
  18. Please describe the applicant's involvement and accomplishments in your class. We would be particularly interested in how he/she related to other students, faculty, administration and other support personnel. If there is other information that you feel might help the selection committee, please feel free to comment. We are looking for a deserving student that is planning a career in some type of community service. Use space below or attach recommendation to this form.
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