

# NEBRASKA FIRE CHIEFS ASSOCIATION

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

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## 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 15th to the NSVFA, PO Box 10, Milford, NE 68405 or submitted electronically by January 15th to [staff@nsvfa.org](mailto: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](mailto:staff@nsvfa.org) | Website: [www.nsvfa.org](http://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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