# McMinnville Volunteer Firefighters Association Scholarship Criteria

The McMinnville Volunteer Firefighters Association (MVFA) awards up to three (3) post high school scholarships per year. To be eligible for the scholarship the applicant must meet all of the following criteria:

1. The applicant must be a high school senior, high school graduate and/or continuing college student. Eligibility to apply for the program requires the applicant to be one of the following:

1) a resident of McMinnville or the McMinnville Rural Fire District or

2) a member of the McMinnville Fire Department currently in good standing, or

3) a child of a member, former or active.

2. The applicant must provide from the most recent school a school transcript that demonstrates a GPA of at least 2.8 out of 4.0 or equivalent at the time of application.

3. The recipient(s) will be required to attend school either summer or fall term immediately following award of the scholarship.

4. The scholarship will be awarded to students who have chosen to pursue a course of study related to emergency service.

5. The recipient(s) will be expected to return a signed letter indicating acceptance of the scholarship and its terms by a date to be determined by the committee. If the recipient is a minor, a parent or legal guardian must sign the letter.

## McMinnville Volunteer Firefighters Association Scholarship Application Up to (3)- \$1,000.00 Scholarships

Directions: Please review the application in its entirety. Complete ALL SECTIONS of the application in order for the application to be considered.

**Applications are due by 5pm on Friday May 28, 2021** at the Administration Office of McMinnville Fire Department; 175 NE 1st St. McMinnville, OR 97128

### A. PERSONAL DATA

Name of Applicant:	
Social Security Number:	
Permanent Address (Street/Box, City, State, Zip):	
Telephone:	
Date of Birth:	
E-Mail Address:	
B. <i>ELIGIBILITY</i>	
Indicate your eligibility to be considered for the scholar	rship
A resident of McMinnville or the McMinnville	Rural Fire District
A member of the McMinnville Fire Department	t currently in good standing.
A child of a member, former or active.	Member name:
C. EDUCATION PLANS	
1. Curriculum Program	
2. Date course(s) begin:/ 3. Date cour	

3. Name and address of the college or university offering your course of study:

4. Year in College or University: \_\_\_\_Freshman \_\_\_\_Sophomore \_\_\_\_Junior \_\_\_\_Senior

### D. ADDITIONAL INFORMATION

 In a 300 word or less essay explain why you are pursuing a course of study related to Emergency Services. Describe how the training and knowledge will be useful to you and the community. The quality of your response is significant in scholarship determination.
(use a separate sheet(s) of paper for your description).

2. List school activities, clubs, awards or honors, and community activities you are involved in.

3. Applicants must provide from the most recent school a school transcript that demonstrates a GPA of at least 2.8 out of 4.0 or equivalent at the time of application.

### E. EDUCATION AND EMPLOYMENT EXPERIENCE

1. High School Diploma (year): \_\_\_\_\_Yes \_\_\_\_No \_\_\_\_GED Certificate; GPA\_\_\_\_\_

2. Additional education, training or employment experience:\_\_\_\_\_

#### F. *REFERENCES*

List two references not related to you:

1.	Name:	Phone Number:	
	Address:		
2.	Name:	Phone Number:	

### G. STATEMENT OF CORRECTNESS, UNDERSTANDING AND AUTHORIZATION

Address:\_\_\_\_\_

I hereby attest the information contained in this application is true, correct and complete and I understand the proceeds of the scholarship, if awarded, will be used to further my education in the program in which I have enrolled. The Association is hereby authorized to check the references, which I have listed above. I understand in the event the scholarship is made; it will be applied directly toward the tuition, registration fees, books and campus-related or authorized room and board for the course of study.

Mail, fax or deliver completed application to: McMinnville Fire Department 175 NE 1st St, McMinnville, OR. 97128 Fax: 503-435-5815

Signature of Applicant:\_\_\_\_\_ Date:\_\_\_\_\_ Date:\_\_\_\_\_