

### PROFESSIONAL FIRE FIGHTERS OF VERMONT

PO Box 831 - Montpelier, Vermont - 05601 - Phone (800) 305-5510 - Fax (800) 309-7566

## Professional Fire Fighters of Vermont Annual Scholarship Scholarship Application Guidelines

The scholarships shall be awarded annually to a student or students who plan to attend a college or university on a full-time basis. The college or university must be recognized by the appropriate regional accrediting association and listed as such in American Universities and Colleges, published by the American Council on Education, I Dupont Circle, Washington DC, 20036. The student must pursue at such institution a course of study leading to an Associate's, Bachelor's or an equivalent degree. The scholarships are to be applied to room, board, tuition, books, laboratory, and similar fees for the student and shall be paid by the Professional FireFighters of Vermont directly to the institution on behalf of the student. The scholarships will be awarded at the end of the student's first college semester.

## Eligibility:

To be eligible the student's parent/legal guardian must be a member in good standing with the International Association of Fire Fighters/ Professional FireFighters of Vermont. Members, Spouses of members in good standing with the IAFF/PFFV are eligible to apply. Sons and daughters of deceased members of the IAFF/PFFV are also eligible to apply as long as the member was in good standing with the IAFF/PFFV at the time of their death.

#### Deadlines:

The PFFV Scholarship Fund will accept applications from January 1 to April 30 of each academic year. Along with the scholarship application, a Letter of Recommendation from the Local Union President is required. All applications must be signed and postmarked no later than April 30<sup>th</sup> of each calendar year and clearly marked, "Professional Firefighters Scholarship Fund". All awards will be announced by June 1<sup>st</sup> of that calendar year. Any inquiries shall be made to the above address.



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# Scholarship Application

To be filled out by the student. Please print or type.

Applicant's full nam	e			
	first	middle		last
Address				
City or Town	_	State	Zip Code	
Date of Birth				
School you now atte	end			
School's address	_			
Name of school's pr	incipal			
IAFF/PFFV membe	r's name			
IAFF/ PFFV membe	er's Local #			
IAFF/ PFFV Local	President's name			
Number of siblings	also attending post	high school programs		
Signature				

A copy of your most recent high school grades and or a copy of the previous semester grades from the college of attendance along with a copy of the letter of acceptance to the college of your choice listing your major if known.

Please include any information and letters of recommendation that you feel may be important to your application. Candidates are strongly urged to include letters of recommendation from a non-relative who can address your qualifications.

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