## F.I.R.E. "Legacy of 19" Scholarship Application 2017



Firefighters Incorporated For Racial Equality

**Purpose:** The F.I.R.E. Scholarship awards two scholarships annually of \$2000.00, subject to annual budget review, to qualified students who have demonstrated a monetary need, community service and commitment to pursuing higher education.

**Requirements:** Eligible applicants must;

Be a child of a F.I.R.E. member, with at least (3) three years membership (prior to the application deadline), in good standing and, current on membership dues.

Be a High School graduate, entering college as a freshmen or sophomore, accepted into at least one accredited college as a full-time student, in possession of college's letter of acceptance or their final report-card for that freshman year and hold at least a 2.85 GPA for that school year.

Fulfill any community service during the application year. Community service will stand on its own merits.

Write a 200 word minimum, typed essay on: If you could start a charity what would your mission be? Who would you serve? What kind of acts of service would volunteers perform?

NOTE: This subject will change annually.

Provide a brief family financial statement listing any relevant or unusual circumstances regarding financial need with an overview of the family's finances.

Selection:	A review committee will select the finalists based on:						
	☐ Academic achievement						
	☐ Financial need						
	□ Community service						
	□ Personal essay						

Type or Print Applicant Name		Signature	Date					
	Falsification of <b>any</b> information granted.	n may result in termination of any scho	olarship					
	I give F.I.R.E permission to accommonitoring and evaluating my	n to access my academic records for the purpose of tracking ting my academic progress.						
		e enrolled as a full-time college student for the 2017-2018 I will use my scholarship toward the expenses related to my						
Certification:	I certify that all information provided is complete and accurate to the best of my knowledge.							
Instructions:	will not be accepted. Include a	legibly printed with black ink. Illegible ll necessary documents. <u>Applications n</u> <b>ober 15</b> , 2017. Winners will be annour ember 15, 2017.	nust be					

Are you the first in your family to attend college?

**Personal Information** 

For many students going to college is just as much about changing things for themselves as it is for their families. When no one in your family has gone to college, there are more than the typical challenges to overcome. Not only may everyone's hopes be riding on your future, but you may not have anyone to lead you through the financial aid and college application process. This can be daunting to say the least. In many cases, students who are the first in their families to go to college come from disadvantaged backgrounds.

The Sallie Mae Fund in combination with the Hispanic College Fund, offers the Sallie Mae First In Family Scholarship. This program is suited best to Hispanic students, one of the more disadvantaged minority groups in America. Applicants must have high academic scores and be pursuing a four-year undergraduate program.

## Part 1: Graduating High School Students (Incoming College Freshman)

Full Name:
Date of Birth:/ Place of Birth:
How long have you been a Colorado state resident?
Permanent Address:
City, State, Zip Code:
Academic History
High School City, State:
Graduation Date://
Current Cumulative GPA H.S. Rank out of ACT/SAT Score
College Information
Name of college attending in 2017-Fall Term:
Major or area of interest:
Scholarship information Please list other grants, scholarships or financial support you have applied for. If you have been notified you are a recipient of one or more awards, please include the amount you will receive:

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Plea	ve you received a previous F.I.R.E. scholarship? ease list other grants, scholarships or financial support y tified you are a recipient of one or more awards, please	ou have app	_
	mmunity Service  vase list any community service you have been	n involved	in over the past year:
	mily Information t all family members dependent on household income includi	ing, <b>self, spou</b>	se, children or parents
	Full Name	Age	Relationship to Student
1			
2			
3			
4			
5			
List	t total household income \$  Please describe any support you receive from anyone noncustodial parent or other relatives. Please include		
	List the number of hours you work per week	_ Employe	r name: