F.I.R.E "Legacy of 19" Scholarship Application 2025

Firefighters Incorporated for Racial Equality

Purpose: F.I.R.E. 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 three years of 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.

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

Essay Question:

Community service is a core value of FIRE. We believe in serving others not only in our professional work but also during our personal time.

Please address the following:

1 How have you given back to your community in the past?
2 What impact has that experience had on your personal growth?
3 How do you plan to continue serving others while in school?

Financial Need:

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 (please provide a copy of transcript (required))
- ☐ Financial need
- ☐ Community service
- ☐ Personal essay

Instructions: Applications must be typed or legibly printed with black ink. Incomplete or illegible applications will not be accepted. Include all necessary documents.

Application Deadline:

Applications must be postmarked on or before October 15th, 2025. Recipients will be announced, no later than October 31th, 2025.

Certification: I certify that all information provided is complete and accurate to the best of my knowledge.

I certify that I will be enrolled as a full-time college student for the 2024-2025 academic years and I will use my scholarship toward the expenses related to my college attendance.

I give F.I.R.E permission to access my academic records for the purpose of tracking, monitoring and evaluating my academic progress.

Falsification of any information may result in termination of any scholarship granted.

Type or Print Applicant Name	Signature	Date

Type or Print Parent/Guardian Name	Parent/Guardian Signature	Date

Please circle one: College Freshman OR College Sophomore

Personal Information

F.I.R.E. Member Name: _____

Full Name: _____

Date of Birth: _____/_____/_____ Place of Birth: _____

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 _____

Advance Placement, Accelerated or Honors Courses:

Please list any AP, accelerated or honors courses taken:

_____ _____

_____ _____

_____ _____

College Information

Name of college attending in Fall 2025: _____

City, State: _____

Major or area of interest:_____

Current Cumulative GPA (college sophomore): _____

Scholarship information

Have you received a previous F.I.R.E. scholarship? YES NO

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:

_____ _____

_____ _____

_____ _____

Community Service

Please list any community service you have been involved in over the past year:

Organization Name	**Hours**

Family Information:

List all family members dependent on household income including, self, spouse, children or parents

	Full Name	Age	Relationship To Student
1			
2			
3			
4			
5			

List total household income $: _____

- Please describe any support you receive from anyone outside the household, such as noncustodial parent or other relatives. Please include amount: _____
- List the number of hours you work per week _____ Employer name: _____