

**Auxiliary to the Virginia State Firefighter's Association  
College Scholarship  
Application Instructions**

1. Any member of Virginia State Firefighter's Association (VSFA) or Auxiliary, OR a child, stepchild, or grandchild of a member of the VSFA or Auxiliary is eligible to apply. Applicants must be a resident of the Commonwealth of Virginia.
2. Applicants must have been accepted at an accredited college, university, or technical school for the school term following the date of this application; continuing undergraduate students are also eligible.
3. An unbiased committee of members of the AVSFA will select the winners based on academic records, future promises, and financial needs.
4. The scholarships will be paid to the schools by September 1st of the school year. Winners will be announced as soon as possible after May 1st of each year.
5. Applicants must submit the following:
  - a. The attached official application is signed by the applicant and, if applicable, the association member.
  - b. Two letters of reference.
  - c. A high school transcript if a graduating senior or a college transcript if enrolled in college.
  - d. Copy of SAT or ACT scores, if not on the high school transcript.
  - e. College acceptance letter (if high school senior).
  - f. Paragraph regarding financial need.
  - g. 500-word essay on the below topic. (Be specific and previously submitted essays are ineligible for consideration.)

**\*\* Interview at least 2 elder members of the fire/rescue department in your area and write an essay on the changes in fire/rescue policy & practices through the years.\*\***

Note: To ensure that all information is received on time, candidates should secure all needed information and submit it in one package to the committee. The application, references, transcript(s), test scores, and acceptance letter **must be postmarked or e-mailed by March 15<sup>th</sup>** to:

VSFA Auxiliary Scholarship Committee  
Attention: Tina Puffenbarger, Secretary  
853 Northfield Ct.  
Harrisonburg, VA 22802

E-mail: [tpuffenbarger@harrisonburg.k12.va.us](mailto:tpuffenbarger@harrisonburg.k12.va.us)

# ***VSFA Auxiliary College Scholarship Application***

**\*\*Additional information may be attached as needed\*\***

Date: \_\_\_\_\_

## **PERSONAL INFORMATION**

Name of Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

## **QUALIFYING STATUS**

I Am:

A Member of \_\_\_\_\_ Fire Dept/Rescue Squad/Auxiliary

**Or**

My Parent/Grandparent is:

A Member of \_\_\_\_\_ Fire Dept/Rescue Squad/Auxiliary

Name of Parent/Grandparent: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## **EDUCATIONAL INFORMATION**

Name of High School You Attended: \_\_\_\_\_

List of High School clubs, sports, etc. in which you participated and any offices held:

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SAT Scores: \_\_\_\_\_ Or \_\_\_\_\_ ACT Score: \_\_\_\_\_  
Verbal \_\_\_\_\_ Math \_\_\_\_\_ Total Score \_\_\_\_\_ Composite \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

Total Number in Class: \_\_\_\_\_ Your Rank in Class: \_\_\_\_\_

Name of College you currently attend (or plan to attend): \_\_\_\_\_

If currently enrolled in college: GPA is \_\_\_\_\_ for \_\_\_\_\_ Semesters (Quarters)

Current Status this fall: (Check one) Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_

Intended College Major and/or Goals after Graduation from College:

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If currently enrolled in College, list clubs, sports, etc., in which you participate:

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## FINANCIAL INFORMATION

Estimate of educational expenses for current school year: \_\_\_\_\_

Financial Aid/Other Scholarships already awarded or expected: (Please give source(s) and estimated dollar amounts): \_\_\_\_\_

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Plans for financing balance: \_\_\_\_\_

**\*\*\*Please attach a short paragraph (50 words or less) as to why you feel you need additional financial assistance.**

Have you previously received a VSFA Auxiliary Scholarship? (Check one) Yes \_\_\_\_ No \_\_\_\_

If yes, state the year(s) and dollar amount received: \_\_\_\_\_

## OTHER ACTIVITIES

What are your Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Civic/Church Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Provide two references and attach a Letter of Recommendation from each:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If the applicant is not a member of qualifying Fire Dept., Rescue Squad, or Auxiliary, please have the parent or grandparent sign below:

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**The application must be postmarked or e-mailed by **March 15th****

### RETURN TO:

**VSFA Auxiliary Scholarship Committee  
Attention: Tina Puffenbarger, Secretary  
853 Northfield Ct.  
Harrisonburg, VA 22802**

**E-mail: [tpuffenbarger@harrisonburg.k12.va.us](mailto:tpuffenbarger@harrisonburg.k12.va.us)**