

**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.)

****What are the benefits of volunteer fire departments in your area? ****

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 15th** to:

VSFA Auxiliary Scholarship Committee
Attention: Lisa Saul, Secretary
4071 Correll Rd
Riner, VA 24149-2617

Email: LisaSaul.AVSFA@gmail.com

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:

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:

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

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): _____

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: Lisa Saul, Secretary
4071 Correll Rd
Riner, VA 24149-2617

Email: LisaSaul.AVSFA@gmail.com