



FIRE CHIEF'S ASSOCIATION OF BROWARD COUNTY

Firefighter Scholarship Program

- **Complete application**
www.fcabc.com
Under the tab called-Programs
- **Return Application with relevant documentation**
Letters of reference
Current Resume
Drivers License
- **Fire Chiefs Association Executive Board will review**
all applicants and select the recipients
- **A background check will be complete on all final**
Applicants
- **All recipients must pass the agility test from a publicly**
funded Fire Academy
- **Applications will only be accepted from February 1st**
until April 30th each calendar year



FIRE CHIEF'S ASSOCIATION OF BROWARD COUNTY SCHOLARSHIP APPLICATION

Scholarship Award: \$1,000 per student

To be eligible, you must fill all blank spaces with the relevant information.

Date: _____

I. GENERAL INFORMATION

Applicant's Name: _____
Last First M.I.

Address: _____

Day Time Phone: _____ Email: _____

Cell Number: _____

Social Security: _____ DOB: ____/____/____

Conditions of this scholarship award

To be eligible for this scholarship you must meet all of the following requirements:

1. A resident of Broward County, Florida.
2. A non-tobacco products user prior to one year of the application date.
3. If your employer has a tuition reimbursement program, you may not be eligible for this award.

II. FINANCIAL INFORMATION

Have you filed an application for Federal Student Aid? Yes No

Have you received notice of any financial aid? Yes No

(If yes, for what amount?) _____

III. ACADEMIC INFORMATION/GOALS

If a graduating high school senior, what is your SAT and/or ACT or TAB scores (Vocational Test Scores)

SAT: Math _____ Verbal: _____ Total: _____ ACT: _____ Other: _____

Please list the name of the school you plan to attend during the next school year. If unknown, list schools you applied to:

_____ Location: _____ Applied: Accepted:

1st Choice City

_____ Location: _____ Applied: Accepted:

2nd Choice City

University Community College Vocational School Other

Enrollment status for the _____ Year: Full-time Part-time

Number of credit hours you plan on taking each semester: Fall _____ Spring _____ Summer _____

What major or course of study do you plan to pursue? _____

Write a brief description of your personal and educational interests and goals. (You may attach one additional page).

I hereby agree to the conditions of this scholarship and affirm that the above information is true and accurate to the best of my knowledge. I also understand that any false information given will result in my ineligibility for the Fire Chief's Association of Broward County Annual Firefighter Scholarship.

IV. ATTACHMENTS

Please submit the following with your application:

1. Proof of Broward County Residency. (Copy of driver's license or identification card.
2. Provide current High School and or College transcript.
3. Copy of your PSAT/SAT/ACT Scores, or any scores, which may apply.

The Fire Chief's Association does not accept applications by fax or email.

Send Applications To:

Fire Chief's Association of Broward County
ATTN: Firefighters Scholarship Program
10550 Stirling Road
Cooper City, FL 33026

You may download this application from our website: www.fcabc.com

Note: Application will only be accepted from February 1st until April 30th of each calendar year.

If you have any questions, please contact:

Chief Richard J. Sievers
Email: richard_sievers@sheriff.org