FIRE CHIEF'S ASSOCIATION OF BROWARD COUNTY

Firefighter Scholarship Program

1. **Complete application**
   www.fcabc.com
   Under the tab called-Programs

2. **Return Application with relevant documentation:**
   Letters of reference (2 professional, 1 personal)
   Current Resume
   Drivers License

3. **Fire Chiefs Association Scholarship Review Chair/ Co-Chair will review all applicants and forward a recommendation to the FCABC Executive Board to select the recipients**

4. **A background check will be completed on all final Applicants**

5. **All recipients must pass a physical agility test from an acceptable tri-county agency**

FIRE CHIEF'S ASSOCIATION OF BROWARD COUNTY
SCHOLARSHIP APPLICATION

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. Be a citizen of the United States of America or naturalized resident
2. A resident of Broward County, Florida.
3. A non-tobacco products user prior to one year of the application date.
4. 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.

Send Applications To:

Tamarac Fire Rescue
Rocio Goode
6000 Hiatus Rd.
Tamarac, FL 33321
ATTN: Firefighters Scholarship Program
or email: rocio.goode@tamarac.org

You may download this application from our website: www.fcabc.com
(Programs Tab)

If you have any questions, please contact:

Rocio Goode, FCABC Admin Assistant
Email: rocio.goode@tamarac.org

Review Committee Members: AFM
Rebecca Geimer - Chair
Email: rebecca.geimer@tamarac.org

Co-Chair - Vacant Position