

Application for



Oregon Volunteer Firefighters Association

Educational Grant 2009

OREGON VOLUNTEER FIREFIGHTERS ASSOCIATION

GRANT AWARD APPLICATION 2009

The personal information collected on this form is directly related to and necessary for determining your eligibility for a grant under the guidelines of the OVFA grant program. If you have any questions about the collection of this information, please contact OVFA at (800) FIRE-LINE or 503-581-2011 or 1284 Court Street NE, Salem, OR 97301. Additional information may be found on our website www.ovfa.org.

Application should be completed in blue or black ink:

APPLICANT INFORMATION:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ e-mail: _____

ORGANIZATION OR PERSON WHO QUALIFIES YOU FOR THIS GRANT:

Organization / Qualifying Persons Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ e-mail: _____

CHECK THE GRANT(S) FOR WHICH YOU ARE APPLYING:

- | | |
|---|--|
| <input type="checkbox"/> \$500 Text Book Grant | <input type="checkbox"/> \$1,000 OVFA Family Member Grant |
| <input type="checkbox"/> \$1,500 Fire Science / EMS Grant | <input type="checkbox"/> \$1,000 Bob Sheppard Memorial Grant |

TERM FOR WHICH YOU ARE APPLYING:

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Spring | <input type="checkbox"/> Fall | Application Deadline: April 1 |
| <input type="checkbox"/> Winter | <input type="checkbox"/> Summer | Application Deadline: October 1 |

Institution Name

Program of study

Financial Aid Office Address

City

State

Zip

Phone Number

ELIGIBILITY CRITERIA

In order for an application to be considered the applicant must:

- ☑ Be a citizen or permanent resident of the United States;
- ☑ Have completed the requirements for high school graduation or obtained a GED prior to award;
- ☑ Submit transcripts from high school or college;
- ☑ Meet the eligibility requirements specified by the individual grant(s);
- ☑ Include a 200-word hand written essay telling the selection committee about the applicant's educational plan and why they have chosen to apply themselves to this career.
- ☑ Include or have mailed by the deadline two recommendations or letters of support. References should be solicited from teachers, employers or others who have observed the applicant in a professional or educational setting.

SELECTION CRITERIA

A committee appointed by the OVFA Board of Directors evaluates all applications submitted. Late or incomplete application packets will not be considered.

GRANT SPECIFICATIONS

One (1) **\$500 Text Book Grant** – awarded to members of OVFA. Direct deposit book grants made to the bookstore of the student's choice in the student's name.

One (1) **\$1000 Bob Sheppard Memorial Grant** – awarded to members of OVFA. Applicant must be a student in the second or higher years of study of fire science or EMS degree at an accredited Oregon institution. (*Only available April 1 deadline*)

Two (2) **\$1500 Fire Science / EMS Grant** – awarded to members of OVFA. Applicant(s) pursuing a fire science or EMS degree at an Oregon institution.

Two (2) **\$1000 OVFA Family Member Grant** – awarded to a family member of an OVFA member. The recipient is not required to be a member of OVFA if the recipient's spouse, parent or legal guardian is an OVFA member.

**OVFA member is defined as an individual who is an active member of an OVFA member department.*

GRANT FUNDS WILL BE DIRECT DEPOSITED INTO THE RECIPIENTS ACCOUNT AT SCHOOL ONLY AFTER THE INSTITUTIONS OFFICIAL DROP DATE FOR EACH TERM.

The Oregon Volunteer Firefighters Association is committed to supporting and encouraging the education of current and future fire service members. As part of this commitment, the OVFA Board of Directors has set aside funds to provide grants for OVFA members and their family members to assist with the purchase of textbooks and the payment of tuition.

EDUCATION RECORD

Please complete the section below. Please list High School and Colleges, Universities or Technical Institutes attended to date, including your current institution:

Period of Study		Institution		Graduated	
From	To	Name of Institution	Description	Degree	Year

Please list the institutions from which you are requesting transcripts (include any name(s) you may have used previously).

Please list grants, awards and other forms of achievement below.

If you applying for or have received other grants, please list them along with the amount of each:

Please list any volunteer activities and other community involvement below.

ESSAY QUESTION

Application must be supported by a 200 word, hand written essay telling the selection committee about yourself, your educational plans, and why you have chosen to apply yourself to this career. Please attach the hand written essay to your application.

Application Checklist:

- Applicant information is filled out clearly and completely;
- Organization / Person qualifying you for grant is completed;
- You have checked the appropriate grant for which you are applying;
- You qualify for the grant for which you are applying;
- You have checked appropriate application period;
- You have met all eligibility criteria outlined on page 3;
- You have completed all sections on page 4;
- Your handwritten essay is included;
- You have made arrangements to have your transcripts received by the appropriate deadline;
- You have made arrangements to have your letters of recommendation received by the appropriate deadline.

APPLICATION SUBMISSION

SUBMISSION DEADLINE FOR SUMMER / FALL TERMS – APRIL 1

SUBMISSION DEADLINE FOR WINTER / SPRING TERMS – OCTOBER 1

NOTE: Applications must be mailed and cannot be submitted electronically.

Completed applications must be sent to:

*OVFA Grant Selection Committee
1284 NE Court Street
Salem OR 97301*

Telephone: 503-581-2011 Toll free: 1-800-FIRE-LINE or 1-800-341-5463

I have read and understand the instructions and declare that:

- All information provided is true and complete and it is subject to audit;
- I will be a student at the institution named for the period stated;
- I will immediately notify the OVFA business office in writing if I withdraw from my studies before completing one semester.

I request that OVFA contact me to seek consent to use my personal information for any other purpose outside of this grant application and award. Yes No

Signature of grant applicant:

Date