

FLORIDA FIRE & EMERGENCY SERVICES FOUNDATION

FIRE CADET SCHOLARSHIP

PURPOSE

The purpose of this Foundation scholarship is to reward those Fire Rescue Cadets who have excelled as members by awarding them with a scholarship that will assist them in the cost of education as they begin their journey to become tomorrow's firefighters and emergency medical responders. One eligible fire cadet will be awarded a \$1000 scholarship each year. The scholarship will be presented during the awards ceremony at Fire-Rescue EAST.

ELIGIBILITY

To be eligible for this scholarship, individuals must meet all the following requirements

1. Current member of the FFCA Cadet Section at the time of submission.
2. Junior or Senior in high school or graduated high school within six months of submission.

PROCESS

Individuals must submit the following information to the Foundation to be considered for the scholarship. The scholarship applications are accepted from September 1 through November 1 (two-month window) of each year.

1. Letter of request.
2. Complete a scholarship application.
3. Two letters of recommendation; one letter from a post advisor and one letter from a current member of the FFCA.
4. A typewritten essay, not to exceed 300 words, on the "Why I should receive the scholarship."

→ FAILURE TO SUBMIT A COMPLETE PACKET COULD RESULT IN DISQUALIFICATION ←

Submit completed packets to:

Florida Association of Fire Rescue Cadets
Cadet Scholarship
221 Pinewood Drive
Tallahassee, FL 32303-4867

FLORIDA FIRE & EMERGENCY SERVICES FOUNDATION
FIRE CADET SCHOLARSHIP APPLICATION

Name:	Date:
Mailing Address:	
City, State ZIP:	
Home Phone:	Cell Phone:
Email:	
Age:	Birthday(mm/dd/year):
High School Graduate:	
<input type="checkbox"/> Yes – Graduation Date: _____	
<input type="checkbox"/> No – What grade are you in at time of submission? _____	
Name of High School:	
What department or cadet post are you affiliated with?	
Contact advisor from your post:	
Name: _____	
Phone: _____	
Are you currently a member of the FFCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Membership ID number: _____	

Applicant's Signature

Date