

SAFETY & HEALTH CONFERENCE SCHOLARSHIP

To be eligible as a scholarship recipient, you must be a current member of the Florida Fire Chiefs' Association.

Criteria will be weighted accordingly by: 1) Current member of the FFCA; 2) Fire Officer or above; 3) 100% volunteer fire department serving a population of 100,000 or less; 4) Combination or career department serving a population of 100,000 or less.

Scholarship Year: _____

Name: _____

Title: _____

Organization: _____

Address: _____

City, State ZIP: _____

Main Phone: _____

Email: _____

Supervisor's Name: _____

Population of Area Served: _____

Department Type: 100% Volunteer Combination Career

Briefly describe your current responsibilities.

List three goals you plan to formulate and achieve for your department by attending.

Briefly describe how this conference will directly impact your department.

I certify in making this application that:

The statements on this application are true and correct.

My intent is to remain in the Fire Service for at least one year upon completion of this program. If I do not, I will reimburse the Florida Fire Chiefs' Foundation for all scholarship monies.

If awarded this scholarship, I will submit upon completion of the program a written report to the Florida Fire Chiefs' Foundation, detailing the benefits to me, my department and community using the scholarship criteria of leadership, education, mentoring and community services, which will be published in *Florida Fire Service*.

I will attend the entire program.

If I fail to abide by the above prerequisites, I understand I will not be eligible for future scholarships and must reimburse the Foundation for any monies paid to me.

I certify and understand the above statement. Yes No

I understand the basis for this scholarship and hereby make application to the FFCF. Yes No