



**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: \_\_\_\_\_

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:

1<sup>st</sup> Choice City

\_\_\_\_\_ Location: \_\_\_\_\_  Applied:  Accepted:

2<sup>nd</sup> 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).

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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](http://www.fcabc.com)

**Note:** Application will only be accepted from May 1<sup>st</sup> until July 31<sup>st</sup> of each calendar year.

If you have any questions, please contact:

Chief Richard J. Sievers  
Email: [richard\\_sievers@sheriff.org](mailto:richard_sievers@sheriff.org)