

NJ&NYVFA Scholarship Application Requirements

Choosing of applicants seems to be getting harder since so many applications are being submitted. In keeping with the ideals of the “New Jersey & New York Volunteer Firemen’s Association” (NJ&NYVFA), the following requirements shall be considered when choosing applicants.

All Applicants will have a SPONSOR. No one will nominate himself or herself.

The SPONSOR shall be a member in good standing (dues fully paid). This SPONSOR must be a Personal or Life member of the New Jersey & New York Volunteer Firemen’s Association ...not just a delegate.

First Preference:

>To an Active dues paying member or Life member of the NJ&NYVFA.

>A Child or Grandchild of any Active dues paying member or Life member.

Applications may be Graduating High School Seniors or in College.

Applications should be active in their respective municipalities Emergence Service Organizations. This can include Junior FD Responders, Probationary Firefighters, Rescue Squad/EMT (EMS) or Active Firefighters in their municipalities.

Second Preference:

>High School Seniors that are graduating and going to college, or may already be College students. (These students are children/grandchildren of NJ&NYVFA members and are NOT in any FD related organizations).

Third Preference:

> Applicants who are graduating High School or are already in college and suffer extreme financial hardships outside their control.

The applicant who plans to pursue a degree that will make the fire service better shall be considered.

Each applicant shall be considered on its own merit and hardship. There shall be no precedent set. It is highly suggested that Applicants shall be pursuing degrees in Fire Science, Nursing/Medicine, Crime Scene Forensics (CSI) Criminal Justice or Law. (the thought is to make the fire service & fire service family better)

The Scholarship Committee will meet and discuss all applicants, their respective applications and take each application on its own merit. The Scholarship Committee will have a report ready for the Executive Board prior to the June convention. If the Committee cannot reach a decision, the President will have final say on any application.

AN APPLICANT MUST BE ENROLLED IN OR PLANNING TO ENROLL IN THE NEXT SCHEDULED SEMESTER OF A TWO (2) OR FOUR (4) YEAR ACCREDITED COLLEGE OR UNIVERSITY.

ALL APPLICATIONS MUST BE POSTMARKED NOT LATER THAN APRIL 20TH.

APPLICATIONS POSTMARKED AFTER THAT DATE WILL NOT BE CONSIDERED.

COMPLETED APPLICATIONS MAY BE MAILED TO:

**George Saigh
306 Luhmann Dr.
New Milford, NJ 07646-2327**

NEW JERSEY AND NEW YORK VOLUNTEER FIREMEN’S ASSOCIATION

“FIREMAN OF THE YEAR AWARD”

NAME OF NOMINEE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Home or Cell # _____ E MAIL ADDRESS _____

DEPT. NAME, ADDRESS, TEL. NUMBER _____

DATE OF INCIDENT _____

TYPE OF INCIDENT _____

REQUIRED ATTACHMENTS

1) DETAILED SYNOPSIS OF INCIDENT, DESCRIBING INITIAL DISPATCH CALL, DATE, TIME, ARRIVAL CONDITIONS, WEATHER, AND FIRST ARRIVING APPARATUS. WAS NOMINEE THE FIRST ARRIVING (ALONE WITHOUT APPARATUS).

INCLUDE DETAILED DESCRIPTION OF EXCEPTIONAL EFFORTS PERFORMED BY NOMINEE, DESCRIPTION OF WORK PERFORMED, PREVENTION OF ADDITIONAL DAMAGE AND LIVES SAVED. INCLUDE “ASSISTED BY” INFORMATION IF APPROPRIATE AND APPLICABLE.

NOTE: THIS ATTACHMENT MUST BE SIGNED BY THE DEPARTMENT CHIEF.

OPTIONAL ATTACHMENTS

1) PHOTOCOPIES OF NEWS ARTICLES DESCRIBING INCIDENT AS REPORTED BY NEW MEDIA.

2) PHOTOGRAPHS OF INCIDENT (NON-RETURNABLE).

ALL NOMINATIONS TO BE POSTMARKED NOT LATER THAN MAY 1st.

MAIL ALL NOMINATIONS AND SUPPORTING DOCUMENTS TO:

**ROBERT AITKEN
127 LAKEVIEW AVE.
LITTLE FERRY, NJ 07643**

IN NOMINATING THE ABOVE NAMED PERSON FOR CONSIDERATION FOR THE “JOSEPH COSTELLO FIREMEN OF THE YEAR” AWARD, I CERTIFY THE ABOVE INFORMATION AND ACCOMPANYING INCIDENT SYNOPSIS IS TRUTHFUL AND ACCURATE.

NAME & PHONE NUMBER – NOMINATING PERSON

DATE _____
SIGNATURE-NOMINATING PERSON _____

**NEW JERSEY & NEW YORK VOLUNTEER FIREMEN'S ASSOCIATION
"UNIT CITATION AWARD"**

Name of
Company/Department _____
Address _____
City _____ State _____ Zip _____
Co. / Dept. Tel. No. _____ Email Address _____

Date of Incident _____
Type of Incident _____

Required Attachments

- 1) Detailed synopsis of incident, describing initial dispatch, call date, time arrival conditions, weather and first arriving apparatus.
- 2) Include detailed description of exceptional efforts performed by Co./Dept., description of work performed, prevention of additional damage and lives saved. Include "Assisted by" information if appropriate and applicable.
- 3) NOTE: This attachment must be signed by the Department Chief.

Optional Attachments

1. Photocopies of news articles describing incident as reported by media.
2. Photographs of incident (Non-Returnable).

ALL NOMINATIONS MUST BE POSTMARKED NO LATER THAN MAY 1ST.

MAIL ALL NOMINATIONS AND SUPPORTING DOCUMENTS TO:

**ROBERT AITKEN
127 LAKEVIEW AVE.
LITTLE FERRY, NJ 07643**

In nominating the above named Co./Dept. for consideration for the "NJ/NY Unit Citation Award", I certify that the above information and accompanying incident synopsis is truthful and accurate.

Signature/Chief of Department Date _____

Print name

**NEW JERSEY & NEW YORK
VOLUNTEER FIREMEN'S ASSOCIATION**

SCHOLARSHIP APPLICATION FORM

NAME OF APPLICANT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME TEL. NUMBER _____ E MAIL ADDRESS _____

SOCIAL SECURITY NO. _____

NAME OF SPONSORING NJ/NY VFA MEMBER _____

HIGH SCHOOL ATTENDED _____

YEAR GRADUATED _____ GPA _____

NAME OF COLLEGE OR UNIVERSITY
APPLIED TO OR ATTENDING _____

MAJOR COURSE OF STUDY _____

ARE YOU ELIGIBLE FOR OR ARE YOU RECEIVING ANY EDUCATIONAL FUNDING FROM ANY OTHER SOURCE? YES ___ NO ___ IF YES, ATTACH BRIEF STATEMENT OF EXPLANATION.

REQUIRED ATTACHEMNTS:

- 1.) CERTIFIED TRANSCRIPTS, SENIOR HIGH SCHOOL GRADES AND COURSES STUDIED. IF NOW ATTENDING COLLEGE, CERTIFIED TRANSCRIPTS OF ALL COLLEGE WORK.
- 2.) AN ORIGINAL ESSAY OF 500 WORDS OR LESS PROVIDING BACKGROUND INFORMATION AND FUTURE PLANS INCLUDING HOW YOU WILL USE THE EDUCATION YOU ARE PERSUING.
- 3.) COPY OF LETTER OF ACCEPTANCE FROM THE COLLEGE/UNIVERSITY FOR THOSE CURRENTLY IN HIGH SCHOOL, OR A COPY OF YOUR CURRENT COURSE SCHEDULE FOR THOSE CURENTLY ENROLLED IN A COLLEGE/UNIVERSITY
- 4.) BREAKDOWN OF TUITION AND FEES.

IN APPLYING FOR CONSIDERATION, I ACKNOWLEDGE THAT THIS SCHOLARSHIP IS FOR THE NEXT SEMESTER AT AN ACCREDITED TWO (2) OR FOUR (4) YEAR COLLEGE, UNIVERSITY, OR INSTITUTE OF HIGHER EDUCATION. THE SCHOLARSHIP MAY BE APPLIED TOWARDS THE PAYMENT OF TUITION, BOOKS, OR OTHER EXPENSES DIRECTLY RELATED TO THE PURSUIT OF MY STUDIES. FAILURE TO DO SO WILL REQUIRE IMMEDIATE RETURN OF THE SCHOLARSHIP.

SIGNATURE _____ DATE _____

SPONSORING MEMBER'S
SIGNATURE _____ DATE _____