



Fire and Rescue Serving the Heartland

NSVFA

PO Box 10
Milford, NE 68405

NEBRASKA FIRE CHIEFS ASSN. SCHOLARSHIP..... \$750.00

The Nebraska Fire Chiefs Association does not discriminate based on race, color, religion, sex, marital status, national origin, ancestry, age, veteran status, disability, or any other legally protected characteristic in the administration of their scholarship.

APPLICATION CRITERIA:

- Nebraska Resident
- Scholarships available for all full-time or part-time students who have completed 2 (two) semesters of a qualified Fire Technology course of study at any College or University and who can furnish proof of enrollment in a 3rd semester of the Fire Technology course of study.
- Minimum Grade Point Average 3.0
- Financial Need Must be Demonstrated
- Submit a Statement of Career Goals
- Submit a Letter of Recommendation from a Local Fire Department
- Attach a copy of Current College Transcript

AMOUNT:

Nebraska Fire Chiefs Assn. Award \$750.00

TO APPLY:

Interested students should complete the attached application and return to the NSVFA Office, PO Box 10, Milford, NE 68405 with documents listed above and the transcript of your GPA.

SELECTION OF RECIPIENT:

One recipient for the scholarship will be selected individually by the Nebraska Fire Chiefs Association Scholarship Committee.

DEADLINE:

The Application must be postmarked by September 10, 2019, to the NSVFA, PO Box 10, Milford, NE 68405 or submitted electronically by September 10, 2019, to staff@nsvfa.org. Remember that the statement of career goals, transcript, letter of recommendation from the local fire department and proof of enrollment in the 3rd semester of the Fire Technology course of study must accompany the application. Scanned copies attached electronically will be accepted.

Nebraska State Volunteer Firefighters Association
Phone: (402) 761-2211 • Fax: (402) 761-2224
Email: staff@nsvfa.org • Web: nsvfa.org



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PERSONAL DATA:

FIRST NAME: _____ MIDDLE INITIAL: _____
LAST NAME: _____

PRESENT ADDRESS:

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

PERMANENT ADDRESS:

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

MARITAL STATUS: _____ Number Dependents: _____

If you are a dependent, please list:

PARENTS:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

HOME TOWN NEWSPAPER:
