# VFIA & CNYFA SCHOLARSHIP AWARDS

As a direct Thank You to families of The Central New York Firemen's Association and to acknowledge their sacrifices throughout the years, CNYFA and VFIS have teamed up to help ease the financial burden of higher education by awarding two \$500 scholarships each year.

The Committee of Elected and Past Officers of CNYFA, along with Representatives of VFIS are tasked with the important process of judging the applications, essays and letter of recommendations for awarding of these scholarships. Applicants receiving the highest scores are awarded the scholarships.

Presentation of the scholarships will be done at the local school or sponsored Fire Department.

Thank you for submitting for this scholarship.

AWARD CRITERIA: Students must meet the following criteria to be eligible for the CNYFA/VFIS Scholarship.

1. Must be enrolled full-time in an accredited institution of higher learning for the upcoming academic year.

2. You must be qualified under one of the five following categories:

a. Must be a current member of CNYFA, to include Fire Fighters, Juniors, Explorers or RAMS.

b. Must be a current member of a department or organization that is a member of CNYFA.

c. Must be a daughter/son/grandchild of a member of CNYFA.

d. Must be a daughter/son/grandchild of a member who's department or organization is a member of CNYFA.

e. Must be a daughter/son/grandchild of a CNYFA member who died in the Line of Duty.

#### SUPPORTING DOCUMENATION:

1. Certification of Acceptance from Institution of Higher Learning

- 2. Letter of Recommendation
- 3. One Page Essay "How the Fire Service Has Affected My Life"



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DEADLINE: Applications must be postmarked by March 15th.

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SUBMIT APPLICATION TO: CNYFA Secretary Maryann Ouimette 15 Burr Ave New York Mills, NY 13417

### APPLICANT'S INFORMATION

NAME:	
ADDRESS:	
PHONE: ( )	
HGH SCHOOL:	
INSTITUTION OF HIGHER LEARING:	
INSTITUTION OF HIGHER LEARING:	
PARENT/GRANDPARENTS/LEGAL GUARD	DIANS INFORMATION
NAME	
ADDRESS:	
ADDRESS:	
ADDRESS:	
NAME:	

NAME:		
ADDRESS:		
PHONE: ( )		
CHIEF/ADVISORS SIGNATURE:		
DATE:		

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

#### **CNYFA SECRETARY CERTIFICATION:**

I certify that the above applicant is a member or daughter/son/grandchild of a member of Central New York Firemen's Association or a member of a department or organization that belongs to the Central New York Firemen's Association and that the application was postmarked by March 15th.

## SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_

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