## IAFF 7<sup>th</sup> District Benevolent Fund Scholarship Application

Name:		
Address:		
City/State/Zip:		one:
Email:		_
Association to current active or acti Enclose a letter from one of the local' member is in good standing.		
Academic History High School(s):		
a) Grade Point Average	b) Class Rank	out of
b) If employed during high school, pl	lease indicate so with letter fi	rom employer.
c) What activities (employment), spor Be specific on the year, the type and detailed sheet.		2 2
Essay Please provide an essay answering the question, "Are your actions, more o and who is that person and what are grammar, spelling, punctuation and you pages but no more than three full pages	often than not, in line with the those actions? Essays wour ability to express yoursel	the person you think you are, will be graded on originality, f. Essays must be at two full
Future Plans		
Where are you planning to attend scho	ool next year?	
What are you planning to study?		

## **Letters of Recommendations**

Attach two letters of reference, from the following sources:

Each letter is to consider character, ability and citizenship

- a) School (guidance counselor, faculty or staff member)
- b) Organizational Leader (Youth group coordinator, coach, volunteer leader etc...)
- c) Employer or other acquaintance

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#### **Attachments**

- Completed and signed application
- Activities, sports or club involvement.
- Essay
- Copy of GED or Diploma if early out option exercised.
- Proof of acceptance to a university, community college or trade school
- Letter confirming parent's association with the IAFF 7<sup>th</sup> District.

### **Terms of Application**

Applicants who submit this form and meet the appropriate requirements agree to the following:

- a) All scholarship winners will be notified in writing via email.
- b) All applications and writing samples become the property of the IAFF 7<sup>th</sup> District Benevolent Fund.
- c) I verify to the best of my abilities that the information contained in this application is accurate and correct. My parent or guardian has signed this application verifying the accuracy of the information contained herein.
- d) I agree to the terms and conditions of the IAFF Magnificent 7<sup>th</sup> District Benevolent Fund Scholarship Program. I authorize the IAFF 7<sup>th</sup> District Benevolent Fund to verify all aspects of this application with my high school or the employer of my parent or guardian.

Signature of Student	Date	
Signature of Parent or Guardian	Date	

# **Application Period:**

*Opens January 19, 2025 ~ Closes March 1, 2025* 

Application and attachments must be <u>postmarked</u> no later than <u>March 1, 2025</u>, to be considered. Late applications (those <u>postmarked</u> after March 1, 2025) will not be accepted. It is the responsibility of the applicant to ensure that the application has been delivered to the IAFF 7<sup>th</sup> District Benevolent Fund office.

Please send completed application and attachments to:

IAFF 7<sup>th</sup> District Benevolent Fund Scholarship Program PO Box 5604 West Richland, WA 99353