

Texas Fire Fighters Emergency Relief and Scholarship Fund

1106 Lavaca Street, Suite 100 • Austin, Texas 78701 • office 512 326 5050 • fax 512 326 5040

Scholarship Application

Selection Criteria:

- Dependent of a current, retired, or deceased certified fire fighter
- Must be entering the accredited university or junior or senior college as a first year or freshman student and must be under the age of 24 first-time student
- Become and remain a full-time student for two terms or semesters at an accredited institution
- Not an immediate family member of a Fund Director, Officer or Committee Member

Instructions:

Please complete and mail application to the Fund at the address shown above (*do not fax or email*). Application must be postmarked by **April 15** to be accepted.

Include the following with the application (*do not staple*):

1. An official high school transcript with standardized test scores (SAT or ACT)
2. A separate sheet with brief essay telling us about your life and school years.
3. Provide proof of certification by TCFP or date of retirement.
4. Letters of recommendation you may wish to include. (*optional*)
5. A separate sheet describing any extenuating circumstances you would like to be considered. (*optional*)

_____	_____		
Date	Applicants Social Security Number		
_____	_____		
Applicants Full name	High School		
_____	_____		
Applicants Date of Birth	Applicants Telephone Number		

Applicants Mailing Address			
_____	_____	_____	
City	State	Zip Code	
Are you the immediate family member of a Fund Director, Officer or Committee Member?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
_____	_____	_____	
Full name of Fire Fighter you are a dependent	TCFP Pin #	Retirement Date	
_____	_____		
Social Security Number of Fire Fighter	Fire Department where employed		
Number of Children in Family	_____	Ages of Children	_____
Number of Children at home	_____	Number of Children in College	_____

- Estimated Total Annual Family Income:
- under \$10,000
 - \$10,001 - \$25,000
 - \$25,001 - \$50,000
 - \$50,001 - \$75,000
 - \$75,001 - \$100,000
 - over \$100,000

List other financial assistance you have received or may receive for future education expenses:

Education:

List each institution(s) to which you have applied and which you plan to attend if accepted:

1. _____ Accepted yet? Yes No
2. _____ Accepted yet? Yes No
3. _____ Accepted yet? Yes No

Your rank in your class _____ GPA _____

Total number in class _____

School Subjects of Major Interest:

Activities in High School or Community:

Future Goals:

References:

Please provide three references other than family members

1. _____
Full Name Telephone Number

Mailing Address

_____ State _____ Zip Code
City

2. _____
Full Name Telephone Number

Mailing Address

_____ State _____ Zip Code
City

3. _____
Full Name Telephone Number

Mailing Address

_____ State _____ Zip Code
City

I attest that the foregoing information and all attached information are, to the best of my knowledge true and correct.

Signature of Applicant