ASSOCIATION OF FIRE DISTRICTS OF THE STATE OF NEW YORK

'Supporting Fire District Officers Through Education & Legislation'

Ned Carter Memorial Scholarship Application

THIS SCHOLARSHIP APPLICATION MUST BE COMPLETELY FILLED OUT. PLACE **N/A** IF SOMETHING DOES NOT APPLY. DO NOT LEAVE ANY SECTION BLANK

Applicant's General Information

Applicants Name: _____ _____ _____
LAST FIRST MI

Address: _____ _____ _____ _____
STREET CITY STATE ZIP

COUNTY within NYS: _____ Phone: _____ Email: _____

Parent's Name: _____ Occupation:_____

Parent's Name:_____ Occupation:_____

Number of siblings in the same household attending College: _____

High School:_____ Guidance Counselor:_____

Intended Major of Study:_____

List any community organization which you have been a member and length of time participating:_____

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List any School extracurricular activities you have participated in: _____

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_____

How are you affiliated with your Fire Department/District? ***Check all that apply***

☐ I am related to a Firefighter OR Fire District Officer _____ ☐ I am a firefighter ☐ I am an Explorer or Jr. Firefighter
RELATIONSHIP

Name of your Fire District: _____

Name of your Fire Department: _____

ALL APPLICATIONS MUST BE RECEIVED OR POST MARKED BY MARCH 2, 2024

Mail to: AFDSNY PO Box 433, Wading River NY 11792

ASSOCIATION OF FIRE DISTRICTS OF THE STATE OF NEW YORK

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THIS MUST BE COMPLETED BY A PERSON WHO IS A MEMBER OF THE FIRE DISTRICT OR AFFILIATED MEMBER ORGAIZATION OF THE ASSOCIATION OF FIRE DISTRICT OF THE STATE OF NEW YORK.

Fire Service Reference

Applicants Name: _____

Your Name: _____ Title:_____

Your Phone: _____ Email:_____

Fire District:_____ **County**:_____

How long have you known the applicant?: _____

BRIEFLY DESCRIBE THE NATURE OF YOUR ACQUAINTANCE WITH THE APPLICANT AND ANY PERSONAL TRAITS OR QUALITIES THAT YOU CONSIDER EXCEPTIONAL OR OUTSTANDING.

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THIS FORM MUST BE COMPLETED BY THE APPLICANT'S GUIDANCE COUNSELOR

Guidance Counselor Reference

Applicants Name: _____

Guidance Counselor's Name: _____

High School:_____

PLEASE DESCRIBE THE APPLICANT'S PARTICIPATION AND ACCOMPLISHMENTS IN HER/HIS CAREER AS A STUDENT UNDER YOUR GUIDANCE. WE WOULD BE PARTICULARLY INTERESED IN HOW SHE/HE RELATED TO OTHER STUDENTS, FACULTY, ADMINISTRATION, AND OTHER SUPPORT PERSONNEL. IF THERE IS OTHER INFORMATION THAT YOU FEEL MIGHT HELP THE SELECTION COMMITTEE, PLEASE FEEL FREE TO COMMENT. WE ARE LOOKING FOR A DESERVING STUDENT WHO IS PLANNING A CAREEER IN SOME TYPE OF COMMUNITY SERVICES.

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THIS FORM MUST BE COMPLETED BY A PERSON WHO IS **NOT:** A RELATIVE, A HIGH SCHOOL OR COLLEGE TEACHER, MEMBER OF THE APPLICANTS HIGH SCHOOL ADMINISTRATION OR A MEMBER OF THE APPLICANTS FIRE DEPARTMENT OR DISTRICT

Personal Reference

Applicants Name: _____

Your Name: _____ Your Phone: _____

Your Email:_____ How long have you known applicant:_____

BRIEFLY DESCRIBE THE NATURE OF YOUR ACQUAINTANCE WITH THE APPLICANT. PLEASE DESCRIBE ANY PERSONAL TRAITS OR QUALITIES OF THE APPLICANT THAT YOU CONSIDER EXCEPTIONAL OR OUTSTANDING

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APPLICANT MUST COMPLETE A 200 WORD OR LESS, TYPED ESSAY IN THEIR OWN WORDS.

Applicant's Essay

Applicants Name: _____

IN YOUR OWN WORDS EXPLAIN HOW THIS SCHOLARSHIP WILL ASSIST YOU OR WHAT IT WOULD MEAN TO YOU AND YOUR FAMILY

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