Ned Carter Memorial Scholarship Announcement

The Association of Fire Districts of the State of New York is pleased to announce the Ned Carter Memorial Scholarship Award for High School Seniors. These scholarships are named in honor of Past President Edward “Ned” Carter honoring all deceased past presidents of the Association. In keeping with Ned’s lifelong dedication to community service and helping others, this scholarship will be presented to high school seniors who will be pursuing a career in a community service related discipline.

- Eligible to high school seniors who will be attending a two or four year college upon graduation
- Four, onetime $1500 scholarships will be awarded to high school seniors
- Applicant must be related to a firefighter, be a firefighter or be an Explorer/Junior Member in a fire department or fire district that is currently a paid up member of the Association of Fire Districts of the State of New York.
- Fully filled out application with required documentation must be postmarked no later than SATURDAY, FEBRUARY 22ND, 2020.
- All required documents shall be submitted as a single package and not sent separately.
- Must be mailed to: AFDSNY Scholarship Committee, Eugene Petricevich, P.O. Box 133, Brookhaven, NY 11719
- Scholarships will be awarded at the school’s Senior Awards Program

The Scholarship Committee (revised 2019)
INSTRUCTIONS TO GUIDANCE COUNSELORS

1. All applicants must be associated with a fire department or fire district that is a member of the Association of Fire Districts of the State of New York who’s dues are currently paid up for the year of submission of this scholarship application.

2. The recipient shall be continuing their education after high school at either a two or four year institution of higher education.

3. Applicants must have successfully completed high school and graduated prior to the award of the scholarship.

4. Awards will be made to those who will be pursuing a community service related career which will include but not limited to the fire service, nursing, social work, health related services, teaching, paramedic etc.

5. Academic achievement and community service are all factors in the selection

6. There will be no more than four (4) awards in any given year

7. One scholarship will be awarded in four different geographic areas of the state for a total of four scholarship awards of $1,500 each.

8. Awards shall be made directly to the winning recipient

9. Award will only be made upon successful completion of the first semester and upon proof of registration for the second semester at an accredited institution of higher education.

10. Applications shall be evaluated by the Scholarship Committee of the Association of Fire Districts of the State of New York and graded on a point system.

11. All decisions of the Committee are final.

12. The deadline is February 22nd, 2020 for submission.

13. All documents requested shall be mailed back as a SINGLE package, NO EXCEPTIONS!

14. Applications submitted which do not follow the specific guidelines or those not related to members of an Association member fire district in good standing will not be considered.
Edward “Ned” Carter Scholarship

Criteria for Selection

1. **ALL APPLICANTS MUST BE ASSOCIATED WITH A FIRE DEPARTMENT OR FIRE DISTRICT THAT IS A MEMBER OF THE ASSOCIATION OF FIRE DISTRICTS OF THE STATE OF NEW YORK WHO’S DUES ARE CURRENTLY PAID UP FOR THE YEAR OF SUBMISSION OF THIS SCHOLARSHIP APPLICATION.**
2. The recipient shall be continuing their education after high school at either a two or four year institution of higher education.
3. Applicants must have successfully completed high school and graduated prior to the award of the scholarship.
4. Awards will be made to those who will be pursuing a community service related career which will include but not limited to the fire service, nursing, social work, health related services, teaching, paramedic etc.
5. Financial need, academic achievement and community service are all factors in the selection
6. There will be no more than four (4) awards in any given year
7. The four scholarships will be divided in four geographic areas of the state. Area A will include Association regions 1, 2, 3 and 10, Area B shall include Association regions 4 & 6, Area C shall include Association Regions 5 & 11 and Area D shall include Associations Regions 7, 8 & 9.
8. Awards shall be made directly to the winning recipient
9. Award will only be made upon successful completion of the first semester and upon proof of registration for the second semester at an accredited institution of higher education.
10. Applications shall be evaluated by the Scholarship Committee of the Association of Fire Districts of the State of New York
11. All decisions of the Committee are final.

Additional documents to accompany the application shall include the following:

All of the following documents must be sent in as one complete package in the same envelope

1. One (1) recommendation from a Guidance Counselor
2. One (1) personal recommendation
3. One (1) recommendation from a fire officer, fire company officer or fire district Commissioner or Chief Officer.
4. Include a 200 word or less typed/printed essay briefly explaining how this scholarship will assist you or what that means to you and your family.
5. One (1) copy of the applicants most recent transcript
6. All applicants are reminded to COMPLETELY fill out the application and it must be legible, attached to the reference sheet and postmarked by FEBRUARY 22nd, 2020.

APPLICATION DEADLINE SATURDAY FEBRUARY 22nd, 2020

Mail your completed application to:
AFDSNY Scholarship Committee, Eugene Petricevich, P.O. Box 133, Brookhaven, NY 11719
The Application must be filled out **COMPLETELY** with no blank spaces

**All Boxes Must Be Checked prior to submission:**

- Application Completed in full included in application packet
- Guidance Recommendation Included in application packet
- Personal Recommendation Included in application packet
- Firematic Recommendation Included in application packet
- 200 word or less typed essay, how this funding will help or what it means to you.
- Sealed Transcript in application packet

The applicant must verify that the fire department or fire district that you or your relative is associated with have paid their most current dues as a member of the Association of Fire Districts of the State of New York.

- **APPLICATION DEADLINE** FEBRUARY 22ND, 2020
- **FAILURE TO SUBMIT A COMPLETE APPLICATION WILL RESULT IN DISQUALIFICATION**
- **FAILURE TO SUBMIT BY THE STATED DEADLINE WILL RESULT IN DISQUALIFICATION**
  - ALL INFORMATION IS CONFIDENTIAL FOR COMMITTEE USE ONLY
  - **NO INFORMATION IS SHARED OR SOLD FOR ANY OTHER PURPOSE**
1. Applicants name: ___________________________ ___________________________  
   Last               First               MI  
   Date of Birth: ___________________________ County: ___________________________  
2. Address: _________________________________________________________________  
   Number               Street               City               Zip  
   Phone Number: ( ) ___________________________ email address: ___________________________  
   Area Code               Print clearly  
3. Father’s Name: ___________________________ Occupation ___________________________  
   Address: _________________________________________________________________  
4. Mother’s Name: ___________________________ Occupation ___________________________  
   Address: _________________________________________________________________  
5. Names – ages – and occupations of siblings living at home: [CHECK THE BOX IF ANY OF THEM ARE ATTENDING COLLEGE]  
   □ Name: ___________________________ Age: ________ Occupation: ___________________________  
   □ Name: ___________________________ Age: ________ Occupation: ___________________________  
   □ Name: ___________________________ Age: ________ Occupation: ___________________________  
   □ Name: ___________________________ Age: ________ Occupation: ___________________________  
6. Guidance Counselor’s Name: ___________________________  
   High School: _______________________________________________________________  
7. Institutions applied to or have pending applications: _______________________________________________________________  
   _______________________________________________________________  
8. Intended Major area of study: _______________________________________________________________  
9. Have you received any other scholarships or financial assistance: YES NO [CIRCLE]  
10. List and community organizations which you have been a member and length of time involved: ___________________________  
    _______________________________________________________________  
    _______________________________________________________________  
11. List any school extracurricular activities you have been involved in: ___________________________  
    _______________________________________________________________  
    _______________________________________________________________  
12: How is a firefighter related to you?  
   You must be related to a firefighter, be a firefighter, belong to a fire department Explorer post or a Junior Member. The district or department must be a paid up dues paying member of the Association of Fire Districts of the State of New York.
Fire Service Reference

This must be completed by a person who is a member of the fire district or affiliated member organization of the Association of Fire Districts State of New York.

Applicant’s Name ________________________________

TO BE FILLED OUT BY PERSON PROVIDING REFERENCE:

Your Name: __________________________ Title: _______________________________________
Your Address: ________________________________________________________________
Your Telephone Number: __________________________
Your Email Address: _____________________________________________________________
Your Fire District: __________________________ County: ___________________________

How long have you known the applicant? __________________

BRIEFLY DESCRIBE THE NATURE OF YOUR ACQUAINTANCE WITH THE APPLICANT AND ANY PERSONAL TRAITS AND QUALITIES THAT YOU CONSIDER EXCEPTIONAL OR OUTSTANDING.
USE THE BACK OF THE FORM IF NEEDED.
Personal Reference

This must be completed by a person who is not:
A. Relative of the applicant
B. High school- or college-level teacher of the applicant
C. Member of the applicant’s high school administration
D. Member of the local fire department or district

TO BE FILLED OUT BY PERSON PROVIDING REFERENCE

Applicant’s Name: ________________________________
Your Name: ________________________________
Your Address: ___________________________________
Your Telephone Number: _________________________
Your Email Address: _____________________________ [PLEASE PRINT CLEARLY]
Your Occupation: _____________________________
Your Employer/Firm: _____________________________
How long have you known the applicant? ___________________

BRIEFLY DESCRIBE THE NATURE OF YOUR ACQUAINTANCE WITH THE APPLICANT AND ANY PERSONAL TRAITS AND QUALITIES THAT YOU CONSIDER EXCEPTIONAL OR OUTSTANDING.
USE THE BACK OF THE FORM IF NEEDED.
Guidance Counselor Endorsement

This form must be completed by the applicant’s guidance counselor.

Applicant’s Name: 

Guidance Counselor’s Name: 

Number of Years as a Counselor: 

Guidance Counselor’s Signature: 

High School: 

PLEASE DESCRIBE THE APPLICANT’S INVOLVEMENT AND ACCOMPLISHMENTS IN HIS/HER CAREER AS A STUDENT UNDER YOUR GUIDANCE. WE WOULD BE PARTICULARLY INTERESTED IN HOW HE/SHE 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 CAREER IN SOME TYPE OF COMMUNITY SERVICES. USE THE BACK OF THE FORM IF NEEDED.