

**AUSTIN AFRICAN AMERICAN FIREFIGHTERS ASSOCIATION  
SCHOLARSHIP APPLICATION 2019-2020**

**TO THE APPLICANT:**

Please complete this application so we can determine your eligibility for receiving funds set aside to help students who plan to go on to postsecondary education, and who satisfy other criteria developed by Scholarship America®.

Complete your sections of this application at your earliest convenience, then forward the application to the person you have selected to complete the appraisal (page 4). You are encouraged to select a school or college counselor or teacher. If this procedure is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. AAAFFA and all of our affiliate programs reserve the right to process only applications found to be complete as of the stated application postmark deadline.

**REMEMBER:** This application becomes valid only when the following have been submitted:

**Application**

**All required signatures**

**Current Transcript of Grades**

**Certification and Permission to use "Recipient Information" to announce Scholarship Winners**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

I agree that if I am offered and accept an award from AAAFFA or an affiliated program, I will attend the reception ceremony. Ceremony is usually in January at the Firefighter Ball. AAAFFA may use my name, photograph, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my "Recipient Information") in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the non-profit objectives of AAAFFA and its affiliated programs.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if student is less than 18 years old) \_\_\_\_\_

Signature of chapter official \_\_\_\_\_ State \_\_\_\_\_

Name of Chapter     Austin African-American Firefighters Association

**ID #**

**AWARD AMOUNT**

TX2145

**PLEASE PRINT OR TYPE**

No less than \$750.00

**APPLICANT DATA**

Mr.  \_\_\_\_\_  
Ms.  Name (Last) (First) (MI) Social Security Number (Optional)

Permanent Address (Street) (City) (State) (Zip)

Date of Birth (month, day, year) ( ) Telephone Number E-Mail Address

Name of parent/guardian \_\_\_\_\_

Permanent mailing address of parent/guardian if different from applicant  
(Street) (City) (State) (Zip)  
( ) Telephone Number

**SCHOOL DATA**

High School Attended \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Address (Street) (City) (State) (Zip) ( ) Telephone Number

Name of High School Principal \_\_\_\_\_

Name of postsecondary school for which applicant's scholarship is requested: \_\_\_\_\_  
4-year College/University  Vo-Tech   
Community College  Other   
Accredited? Yes  No

Address \_\_\_\_\_  
(City) (State) (Zip)

Year in postsecondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will:  Live on campus  Live off campus  commute

Enrolled:  less than half-time  half-time or more  full-time

Anticipated date of graduation from postsecondary program \_\_\_\_\_  
(month) (year)

Major field of study applicant plans to pursue \_\_\_\_\_

**DEMOGRAPHIC DATA (optional)**

**Please Check All that Apply:**

- African American/Black  Asian/Pacific Islander  Hispanic/Latino  American Indian/Alaska Native
- White/Caucasian  Other (Please Specify) \_\_\_\_\_

**OTHER AWARDS**

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

**PERSONAL DATA**

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity	No. of Years Partic.	Special Awards, Honors, Offices Held	Activity	No. of Years Partic.	Special Awards, Honors, Offices Held

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

## APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a postsecondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments (Do not name student) \_\_\_\_\_

Appraiser's Signature

Date

Title

( )

Telephone Number

Appraiser's Business Address (Street)

(City)

(State)

(Zip)

## TRANSCRIPT INFORMATION

1. **High school seniors and students who have completed less than one full semester** of postsecondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.
2. **Students currently enrolled in college or vocational-technical school** must include recent college or vo-tech transcript of grades. (Completion of the following section is not necessary.)

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative grade point average \_\_\_\_\_/4.0 scale

PSAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ SAT Verbal \_\_\_\_\_ Math \_\_\_\_\_

ACT Standard English \_\_\_\_\_ Math \_\_\_\_\_

School Official's Signature

Date

Title

( )

Telephone Number

School Address (Street)

(City)

(State)

(Zip)

## APPLICATION CHECKLIST

This application for student aid becomes complete only when you have returned the following materials (Two first-class stamps are required for mailing.)

- Application
- All required signatures
- Current Transcript of Grades
- Application Deadline: August 30<sup>th</sup>, 2019

Return Application To: Austin African-American Firefighters Association  
Ed Bridges Scholarship  
PO Box 14942  
Austin, TX 78761-4942  
512-815-3290