PLEASE POST IN FIRE STATION

MEMORANDUM

TO: KCVFA Scholarship Applicants

FROM: Scholarship Committee RE: Application Packet

Thank you for considering the Kent County Volunteer Firemen's Association Roland P. Trader Scholarship program. We have enclosed all of the necessary information to make your application to this program as simple as possible. Please remember that all information submitted to the Scholarship Committee must be typed and mailed directly to the address shown. **DO NOT** give any information to a KCVFA Firefighter or Ladies Auxiliary member for delivery to the Scholarship Committee. Information received in this manner will be automatically rejected by the Scholarship Committee!

You may download a copy of the application from the Kent County Volunteer Fire Fighters Association Web Page at: www.KCVFA.com OR if you desire an e-mail copy of the application contact Mr. Rodney O'Neal at (302) 492-8599 or by e-mail at cronealjr@comcast.net.

The **DEADLINE** for this year scholarship applications is

May 31.2019. Remember all information (i.e., application, letters of recommendation, high school, college and fire school transcripts, etc.) must be postmarked no later than May 31, 2019 in order to be considered for this year's scholarship.

Good Luck, C. Rodney O'Neal Jr. Chairman KCVFA Roland P. Trader Scholarship Committee



SCHOLORSHIP APPLICATION Roland P. Trader Scholarship (MUST BE POSTMARKED NO LATER THAN MAY 31, 2019)

NAME:		
HOME ADDRESS:		
HOME TELEPHONE:	CELL PHONE:	
E-Mail ADDRESS:		
College Student ID#		
DATE OF BIRTH:		
HIGH SCHOOL ATTENDED: (High School Points only awa required) High School Mailing Address	arded to High School Applicants applying for the first time. Transcripts	s are
Date Graduated: Grade Point Average: If G.E.D., Give Date Earned a Scholastic and Athletic Hond		
School and Community Activ	vities Participated in High School (includes Offices Held):	
Accepted in the following co Certificate Program Diplo Master's Degree Doctora Name of Institution Attendin Mailing Address:	ma Program Associates Degree Bachelor Degree_ tes Degree	
Matriculation Date: Major (a	attach copy of Institutions Curriculum)	
List any courses taken to da	te: (Attach copy of Official; Transcript)	
Scholastic and Athletic Hono	ors received in College:	
Schools and Community Act	ivities in which you participated in College: (Include any Offices held)	

FIRE SERVICE (Note you do not have to be a member of a fire department/auxiliary to be eligible for this scholarship, but you must live within the fire district of a Kent County Fire Department)

Name of Fire Department or Auxiliary:
Mailing Address:
Date Joined:
List any Offices Held:
For Fire Department members, a list all Fire School Courses taken: (You must attach Official Fire School Transcript) Also required is a letter from the Fire Department President, Chief, or ambulance Captain (on fire company stationary) verifying that you are an active member in good standing in your company.
For Lady Auxiliary members, applicants need to submit letters (on Auxiliary Stationary) from their Auxiliary President or Auxiliary Secretary verifying their participation in their Auxiliary functions and the number of activities/functions for the previous 12 months.
All Applicants must also submit 3 letters of recommendation with your application. They must accompany your application to be considered in the selection process.
Answer the following questions in an essay format of approximately 250 words and attach to this application. 1) Why you are applying for financial assistance?
2) Why you believe this course of study will be useful to the Fire/EMS service or Community?3) What are your career goals and objectives?
I hereby declare that all of the above information is complete and correct to the best of my knowledge. I also declare that I have been a resident of the State of Delaware County of Kent for at least one (1) year prior to the date of this application or that I have been an active member of a fire department/auxiliary that is a member in good standing of the Kent County Volunteer Firemen's Association or Ladies Auxiliary for at least one (1) year prior to the date of this application.
DATE:/ Signature:
Return Application to: Mr. C. Rodney O'Neal Jr.

Return Application to: Mr. C. Rodney O'Neal Jr. KCVFA Scholarship Committee 5066 Halltown Road Hartly, De.19953

RECOMMENDATION

YOU MUST SUBMIT 3 LETTERS OF RECOMMENDATION

The applicant should fill in the information below and give this form to a person well acquainted with his/her qualifications.

Name of Applicant _				
	est. This waiver includes a w	ecommendation to be prepa vaiver of any and all rights to	-	
Applicants Signature	:	Date:		
	(Optional - under provisions of Family Educational Rights and Privacy Act of 1974)			
Date:	Name (Typed or Printed):			
Institution/Business		Signature:		
Address:		Position:		

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Date:	Name (Typed or Printed):				
Institution/Business		Signature:			
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