

Bridgeport Volunteer Fire Department



Memorial Trust Fund

Indiana Volunteer Firefighter's Association, Trustee

This entire application shall be mailed to:
Indiana Volunteer Firefighter's Association Office
P.O. Box 4797
Evansville, Indiana 47724
(877) 606-4832 or (812) 867-3293 Fax (812) 867-3471

REVISION DATE: 8/12/06



Bridgeport Volunteer Fire Department Memorial Trust Fund

Indiana Volunteer Firefighter's Association, Trustee

Criteria for Bridgeport Scholarship Applicant

1. Applicant must be a current paid member of the IVFA, or spouse or son or daughter of a current paid member of the IVFA, having paid the current years dues by July 31. The member must also have been a member for the (2) two years prior to the year of application.
2. Applicant must be a high school senior, GED or enrolled full time in an **Accredited advanced educational institution**.
3. Applications for Post Graduate studies are not eligible.
4. Scholarships are for a onetime grant only. Once given to an applicant, they are not eligible for another.
5. Applicant will not be selected by scholastics only, but by the total of all the information revealed on the application.
6. It is anticipated the student is capable of meeting and maintaining the scholastic standards of the school selected.
7. Scholarships may be applied to class fees, tuition, books, room and board, etc., as the student desires.
8. It is anticipated that the student will provide a portion of the expense.
9. **The award will be paid in the name of the recipient and school**, of the student's choice. Should the student leave school for any reason, any unused portion of the award will be returned to the Memorial Trust Fund.
10. Applicants for this advanced education **shall be enrolled as full time students**.
11. Three (3) Scholarships of One Thousand Five-Hundred Dollars (\$1,500.00) each will be awarded annually.



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Administrative Requirements

1. Applications are available through an elected Officer or District Chairman of the IVFA, and at **www.ivfa.org**. They shall provide the criteria to follow:
2. The address of the IVFA Office is P.O. Box 4797, Evansville, Indiana 47724. The phone number in Evansville is (812) 867-3293 or toll free within Indiana (877) 606-4832.
3. Applicant must provide certain information including personal data, financial statements, recommendations, etc. **All eight (8) pages of the application must be filled out in their entirety.**
4. Family financial statements are to be made by a parent or guardian of the applicant. All information on the application will be treated with strict confidence.
5. Applicants that are sons or daughters of a Volunteer Firefighter "killed in the line of duty" will receive a ten percent (10%) bonus on points on their graded application.
6. The entire application is to be mailed to the Indiana Volunteer Firefighter's Association Office, P.O. Box 4797, Evansville, Indiana 47724. All applications shall be in the Office of the IVFA by March 1 of the year the application is presented. If the Application is sent by registered or certified mail, a postmark prior to March 1st will be considered as eligible.

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Be sure all data entered on this sheet conforms to information requested on each form sheet of application.

PERSONAL DATA FORM			
APPLICANT			
FIRST	MIDDLE	LAST	
ADDRESS			
STREET	CITY	STATE	
ZIP			
CIRCLE ONE:	MALE	FEMALE	SOCIAL SECURITY NUMBER: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____			

STUDENT APPLICATION INFORMATION			
NAME OF STUDENT:			
FIRST	MIDDLE	LAST	
ADDRESS:			
STREET	CITY	STATE	
ZIP			
HIGH SCHOOL ATTENDED:			
PHONE: _____			

PARENT/GUARDIAN INFORMATION	
<u>FATHER, STEPFATHER, GUARDIAN</u> NAME: _____ AGE: _____ ADDRESS: _____ _____ PHONE: _____	<u>MOTHER, STEPMOTHER, GUARDIAN</u> NAME: _____ AGE: _____ ADDRESS: _____ _____ PHONE: _____

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SIGNATURES	
FAMILY FINANCIAL STATEMENT	
<i>FATHER, STEPFATHER, GUARDIAN</i>	DATE
<i>MOTHER, STEPMOTHER, GUARDIAN</i>	DATE
PARENTAL ASSETS & LIABILITIES	
<i>FATHER, STEPFATHER, GUARDIAN</i>	DATE
<i>MOTHER, STEPMOTHER, GUARDIAN</i>	DATE
FINANCIAL AID	
<i>APPLICANT</i>	DATE
<i>FATHER, STEPFATHER, GUARDIAN</i>	DATE
<i>MOTHER, STEPMOTHER, GUARDIAN</i>	DATE
PERSONAL STATEMENT	
<i>APPLICANTS SIGNATURE</i>	DATE
HIGH SCHOOL RECOMMENDATION	
<i>STUDENT NAME</i>	
<i>NAME OF HIGH SCHOOL</i>	
<i>ADRESS INCLUDING PHONE NUMBER</i>	
<i>NAME AND POSITION OF STAFF MEMBER SIGNING</i>	DATE
OUTSIDE RECOMMENDATION	
<i>STUDENT NAME</i>	
<i>NAME AND POSITION</i>	DATE

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PERSONAL DATA FORM	
DESCRIBE ANY PHYSICAL INFIRMITY OR HANDICAP _____	
PROFESSION, TRADE, BUSINESS YOU EXPECT TO TRAIN FOR _____	
COLLEGE, TRADE, TECHNICAL SCHOOL OF YOUR CHOICE _____	
HAVE YOU APPLIED FOR ADMISSION? _____ ACCEPTED: _____	
LENGTH OF COURSE OF TRAINING _____ YEARS _____ MONTHS: _____	
DATE OF HIGH SCHOOL GRADUATION _____	
<u>APPLICANTS ESTIMATED RESOURCES AND EXPENSES FOR ACADEMIC YEAR</u>	
<u>RESOURCES</u>	<u>EXPENSES PER YEAR</u>
NET SUMMER EARNINGS \$ _____	TUITION \$ _____
EARNINGS FOR SCHOOL YEAR \$ _____	BOOKS \$ _____
SAVINGS & CHECKING ACCTS. \$ _____	ROOM & BOARD \$ _____
AID FROM PARENTS \$ _____	CLOTHING \$ _____
AID FROM RELATIVE/FRIEND \$ _____	LAUNDRY \$ _____
SOCIAL SECURITY BENEFITS \$ _____	OTHERS SPECIFY _____
OTHERS SPECIFY _____	
ARE YOU PRESENTLY EMPLOYED _____ WHERE _____	
<u>APPLICANTS LIABILITIES AND ASSETS</u>	
CASH VALUE OF LIFE INSURANCE \$ _____	
CASH & BANK ACCOUNTS \$ _____	
OTHER PROPERTY \$ _____	
AUTOMOBILE - _____ YEAR _____ MAKE _____	
CREDITORS/AMOUNT/DATE DUE (ATTACH SHEET IF NEEDED)	
AMOUNT OF ASSISTANCE REQUESTING _____	
<u>PLEASE MAKE SURE YOU ENTER DATA REQUESTED ON PAGES ONE & TWO</u>	

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FAMILY FINANCIAL STATEMENT			
PLEASE CHECK ALL THAT APPLY APPLICANT NORMALLY LIVES WITH: _____ FATHER _____ MOTHER _____ OTHER _____			
FATHER IS DECEASED _____ MOTHER IS DECEASED _____			
FATHER UNABLE TO WORK _____ MOTHER UNABLE TO WORK _____			
PARENTS ARE SEPERATED/DIVORCED _____			
OTHER SPECIAL CIRCUMSTANCES _____			
WAS APPLICANT'S FIREFIGHTER PARENT KILLED IN THE LINE OF DUTY? (CIRCLE ONE) YES NO DATE: _____			
PARENTAL EMPLOYMENT			
FATHER EMPLOYER: _____			MOTHER EMPLOYER: _____
JOB/POSITION: _____			JOB/POSITION: _____
YEARS WITH EMPLOYER: _____			YEARS WITH EMPLOYER: _____
EXPLANATION IF PARENTS NOT EMPLOYED _____			
PARENTAL ANNUAL INCOME			
	<u>MONTHLY</u>	<u>TOTAL YEARS</u>	<u>ESTIMATE THIS YEAR</u>
1. SALARIES/WAGES BEFORE TAXES	A. _____	_____	_____
	B. _____	_____	_____
2. ALL OTHER INCOME	A. _____	_____	_____
	B. _____	_____	_____
3. GROSS INCOME (1A+1B+2A+2B)	_____	_____	_____
4. BUSINESS EXPENSE (ONLY THOSE WHICH ARE ALLOWABLE AS DEDUCTIONS ON FEDERAL INCOME TAX RETURNS. NOT HOUSEHOLD EXPENSES)	_____	_____	_____
5. NET INCOME BEFORE TAXES (LINE 3 MINUS LINE 4)	_____	_____	_____
6. FEDERAL TAX RETURN – INDIVIDUAL	_____	JOINT _____	_____
(A=FATHER, STEPFATHER, GUARDIAN B=MOTHER, STEPMOTHER, GUARDIAN)			
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PARENTAL ASSETS AND LIABILITIES					
LIFE INSURANCE	\$ _____	<u>CREDITORS</u>		<u>AMOUNT</u>	
CASH VALUE	\$ _____				
FACE VALUE	\$ _____				
CHECKING/SAVINGS ACCT.	\$ _____				
REAL ESTATE					
MARKET VALUE	\$ _____				
LESS MORTGAGE	\$ _____				
EQUITY	\$ _____				
<u>CHILDREN</u>					
<u>NAME</u>	<u>AGE</u>	<u>COLLEGE ATTENDING</u>	<u>METHOD OF PAYMENT</u> <u>TUITION RM & BOARD</u>	<u>MARRIED</u>	<u>CLAIM AS TAX</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<u>OTHER DEPENDENTS</u>					
<u>NAME</u> <u>TAX</u>	<u>AGE</u>	<u>COLLEGE ATTENDING</u>	<u>METHOD OF PAYMENT</u>	<u>MARRIED</u>	<u>CLAIM AS</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<u>PLEASE MAKE SURE YOU ENTER DATA REQUESTED ON PAGES ONE & TWO</u>					

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FINANCIAL AID				
NAME	AMOUNT PER YEAR	RENEWABLE	ACCEPTED	DECLINED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE MAKE SURE YOU ENTER DATA REQUESTED ON PAGES ONE & TWO

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Be sure all data entered on this sheet conforms to information requested on each form sheet of application.

PERSONAL STATEMENT

**IN YOUR WORDS, STATE WHY YOU WISH TO CONTINUE YOUR EDUCATION. WHY
YOU HAVE SELECTED THE FIELD OF STUDY YOU INTEND TO PURSUE.**

**LIMIT YOUR EXPLANATION TO ABOUT 150 WORDS AND USE THE BACK OF THE
PAGE IF ADDITIONAL SPACE IS NEEDED.**

AVOID USING NAMES OF YOURSELF, OTHER PEOPLE, HIGH SCHOOLS, ECT.

PLEASE MAKE SURE YOU ENTER DATA REQUESTED ON PAGES ONE & TWO
(revised 2/01/06)

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RECOMMENDATION FROM HIGH SCHOOL ATTENDED BY APPLICATION

ENTER DATA REQUESTED ON PAGE ONE UNDER HIGH SCHOOL RECOMMENDATION

**PLEASE STATE WHY YOU FEEL THAT THIS APPLICANT SHOULD BE GRANTED A
SCHOLARSHIP AND THE TYPE OF TRAINING YOU FEEL THE APPLICANT WOULD BE
BEST ADAPTED TO.**

**ATTATCH TRANSCRIPT OF HIGH SCHOOL GRADES AND INCLUDE TEST SCORES;
SUCH AS COLLEGE BOARD, SAT AND ACT.**

PLEASE OMIT USING STUDENT'S NAME.

PLEASE MAKE SURE YOU ENTER DATA REQUESTED ON PAGES ONE & TWO

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OUTSIDE RECOMMENDATION
<p>PERSONAL REFERENCES FROM AN INDIVIDUAL OTHER THAN RELATIVES OR TEACHERS. THIS WOULD INCLUDE SUCH PEOPLE AS CLERGY, EMPLOYERS, SCOUT LEADERS, FAMILY FRIENDS, ECT.</p> <p><i>PLEASE OMIT USING STUDENT'S NAME.</i></p>

PLEASE MAKE SURE YOU ENTER DATA REQUESTED ON PAGES ONE & TWO