



Travis County ESD No. 2/Pflugerville Fire Department

2016 Family Member of a Firefighter Scholarship



PERSONAL DATA SECTION

Full Name (print)		Job Title	
Address		City/State/Zip Code	
Home Phone Number		Cell Phone Number	
Email Address			

EDUCATIONAL BACKGROUND SECTION

Year	Name of Accredited Institution	Graduated: Yes or No	Hours Received
Year			
Year			
Year			

List Major Area of Study:
 The application must be submitted with a copy of a current transcript.

ACADEMIC PERFORMANCE SECTION

- LIST ACADEMIC AWARD/HONOR
- LIST ACADEMIC ACHIEVEMENT
- LIST SPECIAL RECOGNITION OR PUBLICATION

Organization's Name		Year	
Award/Honor		Year	
Achievement		Year	
Recognition/Publication		Year	

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Award/Honor		Year	
Achievement		Year	
Recognition/Publication		Year	

LIFE EXPERIENCE SECTION (250 words max)

- **DESCRIBE WHAT LIFE EXPERIENCES HAVE SHAPED WHO YOU ARE TODAY? WHAT ARE YOUR KEY MOTIVATORS?**
- **DESCRIBE A SPECIFIC SITUATION WHERE YOU WERE FACED WITH SIGNIFICANT ADVERSITY. HOW DID YOU RESPOND? WHAT DID YOU LEARN FROM THIS EXPERIENCE?**

Note: Essay must answer all five (5) questions in the space provided below.

COMMUNITY OR VOLUNTEER WORK SECTION

- **DID YOU PERFORM COMMUNITY OR VOLUNTEER WORK? IF YES, COMPLETE SECTION BELOW.**
- **WERE YOU A MEMBER OF AN ORGANIZATION FOCUSED ON COMMUNITY ACTIVITIES?**
- **WERE YOU A VOLUNTEER FIREFIGHTER? IF YES, PROVIDE NAME OF FIRE DEPARTMENT.**
- **WERE YOU AN EXPLORER FOR A FIRE DEPARTMENT? IF YES, PROVIDE NAME OF FIRE DEPARTMENT.**

Community Volunteer Work		Year	
Member of Organization		Year	
Volunteer Firefighter		Year	
Explorer for Fire Department		Year	

STATEMENT SECTION (500 words max)

PERSONAL ACHIEVEMENT QUESTIONS:

1. WHY ARE YOU A GOOD CANDIDATE TO RECEIVE THIS AWARD? DESCRIBE WHAT THE SCHOLARSHIP WILL MEAN TO ACHIEVING YOUR ACADEMIC GOALS.
2. WHAT SPECIAL ACCOMPLISHMENT(S) SET YOU APART?

PERSONAL STATEMENT:

3. DESCRIBE WHAT IT MEANS TO HAVE A SPOUSE OR PARENT WORKING AS A FIREFIGHTER AND PROTECTING THE COMMUNITY.

Note: Essay must answer all three (3) questions in the space provided below.

REQUIRED DOCUMENT CHECKLIST- ENTER YES OR NO

DID YOU SUBMIT THE SCHOLARSHIP APPLICATION FORM WITH STATEMENTS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DID YOU SUBMIT LETTER OF RECOMMENDATION FORM?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DID YOU SUBMIT A COPY OF YOUR CURRENT TRANSCRIPT?	YES <input type="checkbox"/> NO <input type="checkbox"/>

NOTE: REMEMBER TO SIGN AND DATE THE SCHOLARSHIP APPLICATION FORM

Signature

Date