



Travis County ESD No. 2/Pflugerville Fire Department

2016 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)

- **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.

Empty space for writing the essay response.

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 THE ONE EXPERIENCE THAT SIGNIFICANTLY INFLUENCED YOUR ACADEMIC INTEREST.

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

REQUIRED DOCUMENT CHECKLIST- ENTER YES OR NO

DID YOU SUBMIT 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