Holdrege Firefighters Scholarship Guidelines and Instructions

MISSION OF THE PCCF SCHOLARSHIP PROGRAM

The Phelps County Community Foundation, Inc. (PCCF) shall promote the giving of scholarship grants as an incentive to encourage area individuals in their pursuit of a higher education

STUDENT ELIGIBILITY

- 1) All scholarship recipients must be enrolled in an accredited college, university, technical or vocational school that qualifies as a tax-exempt institution.
- 2) Unless otherwise stated, all scholarships shall be for the purpose of tuition and fees required for enrollment or attendance at an educational institution or for books, supplies and equipment required for courses of instruction, under the policies of the school or educational institution. Room and board is not covered unless otherwise stated.
- 3) The funding of all scholarships will be made directly to the school of higher education and designated for the use of the specific student selected, upon verification of enrollment of the student.
- 4) Any unused scholarship funds will be returned to the Foundation and placed in the appropriate scholarship fund.
- 5) Applications, including all attachments, must be postmarked **no later than February 15**th or hand-delivered no later than **5:00 p.m. on February 15**th.

SPECIFIC QUALIFICATIONS FOR THE HOLDREGE FIREFIGHTERS SCHOLARSHIP Applicant Must Be:

- 1) A high school graduate, (or GED,) whose parent, step-parent or guardian is an active member of the Holdrege Volunteer Fire Department with 10 years of active service or is who is a past member of the Holdrege Volunteer Fire Department who has served 10 years of active duty, or a high school graduate, (or GED,) whose parent, step-parent or legal guardian has died while an active member of the Holdrege Volunteer Fire Department;
- 2) A minimum GPA of 2.0 on a scale of 4.0 is required;
- 3) Must demonstrate financial need;

HOW TO APPLY

- 1) Holdrege Firefighters Scholarship Application (page 2-3).
 - Complete, print and sign the 2013 Holdrege Firefighters Scholarship pages.
- 2) Financial Information Summary Form(s) (Pages 4-5)
 - Complete the information in the student section at the top of the page (pages 5-6) and return it with this application. Student and parent/guardian must sign. If you have not determined which school you will be attending, you may attach two "financial Information Summary" forms.
 - File a "Free Application for Federal Student Aid" (FAFSA) by March 1, 2013 or as soon as possible thereafter. This is mandatory. If all required paperwork is not submitted on time, the application for those awards will not be considered. The FAFSA is available from your high school guidance counselor, the financial aid office at your college, and on the internet (www.fafsa.ed.gov). Do not send PCCF your FAFSA forms or Income Tax Returns. We receive your financial need information only from the college after you file your FAFSA.
- 3) Letters Of Recommendation* (pages 6-7)
 - Include 2 Letters of Recommendation using only the Scholarship Recommendation Form. We will accept ONLY ONE academic recommendation from a member of your school faculty (i.e. teacher, administrator or coach).
- 4) Transcript*
 - Include your official high school or college grade transcript.
- 5) **Photograph***
 - Enclose a wallet-size photograph suitable for publication. Please print name on back of photo with soft tip pen. (The Foundation considers receipt of photo as applicant's permission to publish.)
- 6) Envelope*
 - Enclose a letter size (No. 10) self-addressed, stamped envelope.
- 7) Application Deadline February 15, 2013
 - Applications, including all attachments, must be postmarked no later than February 15th or hand-delivered no later than 5:00 p.m. on February 15th. Do not submit additional pages. Resumes will not be accepted.

Return Completed Application to: Phelps County Community Foundation Scholarship Committee • 504 4th Avenue • Holdrege NE 68949
*If you are applying for a Phelps County Community Foundation Scholarship we do not need another copy of these items

OUESTIONS

For questions call 308-995-6847 or email: lcpccf@phelpsfoundation.org

2013 Holdrege Firefighters Scholarship Form Administered by the Phelps County Community Foundation, Inc.

| PCCF U | Jse Only |
|----------------|----------|
| Date Received: | Code: |

| ☐Mr. ☐Ms. ☐Mrs. Last Name: | | First Name: | | | | |
|--|---------------------------------------|-------------|----------|---|--------|--------|
| Permanent Mailing Address: | | | | | | |
| City: | | State: | Zip: | | | |
| Social Security #: | | Birth Date: | | | Δ++ | tach |
| Home Phone: | E-mail Address: | | | | | o Here |
| High School Attended: | | | | | | |
| Year of Graduation: | Or Date of GED (_(please attach G | |); | _ | | |
| School Planning to attend or currently attending: | | | | | | |
| ☐Parent ☐Guardian Parent/Guardian Name(s): | | | | | | |
| Parent/Guardian Address (if Different than yours) | l: | | City: | | State: | Zip: |
| Father's Occupation: | | Employe | r: | | | |
| Mother's Occupation: | | Employe | r: | | | |
| Please explain your financial need for this scholars | ship award*: | | | | | |
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| Describe your career goals: | | | | | | |
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| List places and dates of employment: | | | | | | |
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| Applicant Name: | | PCCF Use Only |
|--|-----------------------------------|--|
| Last Name | First Name | Code: |
| | | |
| ACTIVITIES AND HONORS, VOLUN (College Students: Do Not Include High School Inform | | UNITY PROJECTS |
| Academic | | Athletic |
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| Music | | Speech & Drama |
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| Church & Community | | Other |
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| APPLICATION CHECKLIST | | |
| All Applications Must Be Returned to the Phelps Coun | ty Community Foundation No | o Later Than February 15, 2013 |
| ☐ Completed and signed Holdrege Firefighters Applica | | 2000 2000 2000 300 200 200 200 200 200 2 |
| ☐ Financial Information Summary form(s)* with only | | ompleted (pages 4.5) |
| TWO letters of recommendation*. These letters mus | - | |
| ☐ Copy of high school or college transcript*. | | |
| \square A wallet-size photograph* suitable for publication. \underline{I} as applicant's permission to publish.) | Please print name on back of pl | hoto with soft tip pen. (The Foundation considers receipt of pho |
| ☐ A letter-sized (No. 10) self-addressed, stamped enve | elope*. | |
| *If you are applying for a Phelps County Community Foundation | on Scholarship we do not need ano | ther copy of these items |
| REQUIRED SIGNATURE | | |
| - | | ovide the Phelps County Community Foundation with any of my |
| Analizanda Cimaton | | D. |
| Applicant's Signature | | Date |



application.

FINANCIAL INFORMATION SUMMARY

| PCCF U | Use Only |
|----------------|----------|
| Date Received: | Code: |

(For FAFSA Required Scholarships Only)

| SCHOLARSHIP APPLICANT | | | | | |
|--|-----------------------------|--------------------------|---------------|-----------------|-----|
| Complete the information in this section and | return to the Phelps County | y Community Foundation b | y February 1: | 5, 2013 with yo | our |

| I authorize: | | | |
|---|--|-------------------------------------|----------------------|
| College/University: | | | |
| Mailing Address: | City: | State: | Zip: |
| To release the information requested below to lapplication process. | Phelps County Community Foundation for co | nsideration during | the scholarship |
| Student Name: | Social Social | Security #: | |
| Mailing Address: | City: | State: | Zip: |
| Student Signature: | | Date: | |
| Parent/Guardian Signature: (Required if applicant is under 18 years old) | | Date: | |
| FINANCIAL AID OFFICE The above-named student has applied for a schola information on this form and return directly to the requests that this form be postmarked no later than Phelps County Community Foundation, Inc. • PLEASE ENTER THE RESULTS OF YOUR Of this financial aid package is based on: | address below. The Scholarship Committee with April 15, 2013. 504 4th Avenue • Holdrege, NE 68949 • (CALCULATIONS USING FEDERAL METRICAL CONTRACTORS) | shes to thank you for 308) 995-6847 | |
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| Other Known Scholarships/Grants (-) \$ | | | |
| Calculated Need for 2013/2014 | | | |
| This student was evaluated as: ☐ a dependent | an independent student | | |
| Does the student demonstrate financial need under | r the Federal Methodology? Yes No | | |
| If the student did not demonstrate need according consideration? Please explain: | to federal guidelines, do you believe there are ci | rcumstances that wo | ould warrant special |
| Signature of person who completed this form: | | | |
| Typed/printed name and title: | Phone Nun | nber: | |

FAILURE OF COLLEGE TO RETURN THIS FORM BY APRIL 15th WILL PRECLUDE THE STUDENT S APPLICATION FROM SCHOLARSHIP CONSIDERATION.



application.

FINANCIAL INFORMATION SUMMARY

| PCCF Use Only | | | | |
|----------------|-------|--|--|--|
| Date Received: | Code: | | | |

(For FAFSA Required Scholarships Only)

| SCHOLARSHIP APPLICANT | | | | | | |
|---|--------|-----------|-----------------|------------|-----------------|------|
| Complete the information in this section and return to the Phelps | County | Community | y Foundation by | y February | y 15, 2013 with | your |

| I authorize: | | | |
|--|---|---------------------|--|
| College/University: | | | |
| Mailing Address: | City: | State: | Zip: |
| To release the information requested bel application process. | ow to Phelps County Community Foundation for considerati | ion during | g the scholarship |
| Student Name: | Social Security #: | : | |
| Mailing Address: | _City: | State: | Zip: |
| Student Signature: | Date: | | - |
| Parent/Guardian Signature: (Required if applicant is under 18 years old) | Date: | | |
| information on this form and return directly requests that this form be postmarked no late Phelps County Community Foundation , | scholarship administered by the Phelps County Community Four to the address below. The Scholarship Committee wishes to the er than April 15, 2013. Inc. • 504 4th Avenue • Holdrege, NE 68949 • (308) 995- | ank you fo -6847 | Please complete the or your assistance and |
| | ☐ Estimated information, verification pending ☐ Verified Inf | | |
| • • | \$ | | |
| | | | |
| | \$\$ \$ | | |
| | \$\$ | | |
| Calculated Need for 2013/2014 | \$ | | |
| This student was evaluated as: □ a depen | dent an independent student | | |
| Does the student demonstrate financial need | d under the Federal Methodology? ☐ Yes ☐ No | | |
| If the student did not demonstrate need acconsideration? Please explain: | ording to federal guidelines, do you believe there are circumstan | ces that w | rould warrant special |
| | | | |
| Signature of person who completed this form: | | | |
| Typed/printed name and title: | Phone Number: | | |

FAILURE OF COLLEGE TO RETURN THIS FORM BY APRIL 15th WILL PRECLUDE THE STUDENT S APPLICATION FROM SCHOLARSHIP CONSIDERATION.



Scholarship Recommendation Form

DEADLINE: FEBRUARY 15, 2013

| PCCF U | Jse Only: |
|----------------|-----------|
| Date Received: | Code: |
| | |
| Committee: | |

The student named below is applying for a scholarship from the Phelps County Community Foundation. Your recommendation is needed as part of the application process. Please complete this form (attachments will not be accepted) and return it by FEBRUARY 15.

| Student Name: | | | | | | |
|---|------------------------------|------------------|----------------|--------------------------------|--------------|-----------|
| Rating is made with: Detailed Knowledge of Student | etailed Knowledge of Student | | | ☐ Limited Knowledge of Student | | |
| Years Known: \Box All his/her life \Box 1 – 3 Years | □ 3 – 5 Y | ears | □ 5 – 10 Years | | ☐ Other | |
| Relationship To Student: (check only one) ☐ Academic ☐ Personal | | Employer | | Other | | |
| | | | | | ** | |
| Please Mark Most Appropriate Response | Unknown | Below Average | Average | Good | Very Good | Excellent |
| COOPERATION: Consider willingness to work with people in various capacities; loyalty. | □ 0 | □ 1 | □ 2 | □ 3 | □4 | □ 5 |
| EMOTIONS: Consider the way he/she reacts in various situations when stress is likely. | | □ 1 | □ 2 | □ 3 | □4 | □ 5 |
| INITIATIVE, INDUSTRY: Consider ability to see things to do, resourcefulness, aggressiveness. | $\square 0$ | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 |
| JUDGEMENT, COMMON SENSE: Consider ability and foresight in making everyday decisions. | | □ 1 | □ 2 | □ 3 | □4 | □ 5 |
| LEADERSHIP: Does he/she provide direction and guidance to peers? | □ 0 | 1 | □ 2 | □ 3 | □ 4 | □ 5 |
| PERSONALITY: Consider mannerisms and appearance, general impression on others. | | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 |
| RELIABILITY: Consider dependability, honesty. | | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 |
| Additional Comments Regarding The Student: (limit response to 50 words or less) Please note we are already provided with the applicant's academic and extracurricular activities and scores. DO NOT use the applicants name in your response as applications are selected anonymously. | | | | | | |
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| Overall Recommendation: Highly Recommended Reco | mmended | □ Recomm | ended With I | Reservation | □ Not Rec | commended |
| Signed: Printed Name: | | | | Date: | | |
| Address: City/State/Zip: | | | | | | |

FOR A FILLABLE PDF FORM VISIT OUR WEBSITE WWW.PHELPSCOUNTY.ORG MAIL FORM TO: Phelps County Community Foundation • Attn: Scholarship Committee • 504 4th Avenue • Holdrege, NE 68949



Scholarship Recommendation Form

DEADLINE: FEBRUARY 15, 2013

| PCCF U | Jse Only: |
|----------------|-----------|
| Date Received: | Code: |
| | |
| Committee: | |

The student named below is applying for a scholarship from the Phelps County Community Foundation. Your recommendation is needed as part of the application process. Please complete this form (attachments will not be accepted) and return it by FEBRUARY 15.

| Student Name: | | | | | | | | |
|---|---------------------------|------------------|----------|----------------|--------------|------------|--|--|
| Rating is made with: ☐ Detailed Knowledge of Student ☐ | Some Knowledge of Student | | | | Knowledge | of Student | | |
| Years Known: \Box All his/her life \Box 1 – 3 Years | □ 3 – 5 Years | | □ 5 – 10 | □ 5 – 10 Years | | ☐ Other | | |
| Relationship To Student: (check only one) ☐ Academic ☐ Personal | □ Employer | | | ☐ Other | | | | |
| | | I | | | I | | | |
| Please Mark Most Appropriate Response | Unknown | Below Average | Average | Good | Very Good | Excellent | | |
| COOPERATION: Consider willingness to work with people in various capacities; loyalty. | | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | | |
| EMOTIONS: Consider the way he/she reacts in various situations when stress is likely. | □0 | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | | |
| INITIATIVE, INDUSTRY: Consider ability to see things to do, resourcefulness, aggressiveness. | □0 | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | | |
| JUDGEMENT, COMMON SENSE: Consider ability and foresight in making everyday decisions. | | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | | |
| LEADERSHIP: Does he/she provide direction and guidance to peers? | | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | | |
| PERSONALITY: Consider mannerisms and appearance, general impression on others. | | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | | |
| RELIABILITY: Consider dependability, honesty. | | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | | |
| Additional Comments Regarding The Student: (limit response to 50 words or less) Please note we are already provided with the applicant's academic and extracurricular activities and scores. DO NOT use the applicants name in your response as applications are selected anonymously. | | | | | | | | |
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| Overall Recommendation: \square Highly Recommended \square Recommended \square Recommended With Reservation \square Not Recommended | | | | | | | | |
| Signed: Printed Name: | | Date: | | | | | | |
| Address: City/State/Zip: | City/State/Zip: | | | Phone: | | | | |

FOR A FILLABLE PDF FORM VISIT OUR WEBSITE WWW.PHELPSCOUNTY.ORG MAIL FORM TO: Phelps County Community Foundation • Attn: Scholarship Committee • 504 4th Avenue • Holdrege, NE 68949