

# Nebraska City Volunteer Fire Department

\$500.00 Scholarship from the Nebraska City Volunteer Fire Department

Application deadline: **April 1<sup>st</sup>** prior to May Commencement

## **Must be Active in Reserve Program upon Application Deadline and Meet all of the Following Criteria for Scholarship Consideration**

- 1) Has met incoming qualifications, and been accepted as a member of the Nebraska City Volunteer Fire Department Firefighter Reserve Program by August 31 (of Sr. year of high school) and in good standing with the department under the NCVFD Fire Chief's discretion
- 2) Is in good standing and participates regularly in department training, drills, meetings and response to emergency calls (excluding school hours)
- 3) Current high school senior at Nebraska City High School, Lourdes Central High School or Home Schooled as a Nebraska City Student/Resident
- 4) Minimum: 2.75 GPA or higher and in good standing academically upon application
- 5) Accumulated ACT score of 22 or higher
- 6) No misdemeanors
- 7) CPR Certified by April 1 prior to May commencement
- 8) During senior year of high school, attend at least (3) meetings in full at any Government/City/County/or similarly related meeting and provide date of attendance on application form

Application must be filled out in entirety and received on or before **April 1<sup>st</sup>**. Include application, resume, copy of high school transcript along with grade average form signed by guidance counselor, copy of CPR certification, (2) recommendations from non-family members, any community service hours accomplished during high school, and an essay in 400-500 words stating "how the reserve program and NCVFD has positively affected you and how you have given back to the community with your efforts".

Send application by **April 1<sup>st</sup>** to:

Mr. Jeff Kohrs  
1226 N 15<sup>th</sup> Street  
Nebraska City, NE 68410

In addition to the above NCVFD scholarship, the applicant is eligible for a \$100.00 scholarship if applicant has completed or is currently enrolled and completing their Emergency Management Training (EMT Certification) OR Fire and Emergency Management Training with an accredited Nebraska College. Applicant must be in good standing in class, and a current member of the NCVFD Reserve Program or Department. Please provide on a separate sheet of paper the date of enrollment, college providing training, instructors name and contact information, training completion date or expected completion date. To be eligible for the \$100.00 additional scholarship, applicant must be (60) days into the program prior to the April 1 scholarship deadline, and fulfilling all class requirements as stated by the instructor(s). Not to exceed \$100 for additional scholarship.

Applications will be reviewed by NCVFD Scholarship Committee and scholarship funds distributed upon enrollment and acceptance to a Trade School, Community College or University. Funds will be directly sent to the college that the scholarship recipient is attending. All decisions are at the discretion of NCVFD Scholarship Committee.

**Nebraska City Volunteer Fire Department Scholarship Application Form**

Name: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Name of High School Attended: \_\_\_\_\_

Have you been awarded any scholarships? Y / N If yes, what are they? \_\_\_\_\_

\_\_\_\_\_

Do you plan to attend college or applied to any colleges? Y / N If yes, where? \_\_\_\_\_

\_\_\_\_\_

What (3) Government/City/ County or similar meetings did you fully attend and dates of each?

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

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**Grade Average Form**

I request that the High School Counselor record my current grade average and class ranking in the spaces provided below. I understand this information will be used and reviewed only by those who have direct responsibility to choose the scholarship recipient.

The applicant, \_\_\_\_\_, has a current grade average of \_\_\_\_\_.

I also request that a copy of my high school transcript and the results of my ACT test be released to accompany this application.

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date