**LADIES AUXILIARY of the**

**SOUTHERN MARYLAND VOLUNTEER**

**FIREMEN’S ASSOCIATION**

**Scholarship**

LA~SMVFA Scholarship Guidelines for Applicants:

Applicants may apply for scholarship assistance for any University, College or Community College in a curriculum of their choice.

Applicants must be a resident of Calvert, Charles, or Saint Mary’s County and must also be a member in good standing of any Volunteer Fire Department, Rescue Squad (EMS) or Auxiliary of the respective counties above.

Applicants must be under the age of twenty five (25) by the application due date.

Applications must be submitted by **April 10** to be considered for scholarship assistance for the ensuing academic year. Currently supported students will be required to resubmit an application form for consideration for continued support. The committee must receive the application form no later than **April 10** for the ensuing academic year. Applications are available via download from the SMVFA Web Site.

Applicants must enter full time or part-time status as a student in his/her respective College/University. Acceptance by the respective College/University will be a prerequisite for receipt of the scholarship. All applicants must be High School Graduates, currently enrolled in High School or hold a GED Certificate.

The applicant shall be required to forward, or have forwarded, a letter of recommendation from his/her Volunteer Fire Department, Rescue Squad (EMS) or Auxiliary. This letter must be signed by either the President or a Chief Officer of the applicant's member company.

Recipients will be required to maintain an acceptable Grade Point Average (GPA) to be eligible for scholarship support for the ensuing academic year.

In an effort to conserve funds and to give our younger persons the opportunity for a college experience, committee policy is to deny scholarship support to those applicants currently holding a Bachelor or equivalent degree.

Recipients will receive scholarship funds directly. Funds may be used for tuition, books, or course related fees. However, if the funds are not used in support of a college/ university course within one (1) year of receipt of the funds, the funds are required to be returned to the LA~SMVFA.

The Committee anticipates awarding three (3) scholarships each academic year in the amount of **$500 each**. There will be one (1) scholarship per county (Calvert, Charles, and Saint Mary’s) as determined by the applicant’s residency. The Committee shall appoint three (3) individuals to assist in reviewing the applications. In the event that there have been no applications submitted representing any one or two of the specific counties, it shall be at the discretion of the committee to award said scholarship(s) to another applicant. The Committee will determine the recipients and the scholarship shall be presented at the LA-SMVFA Annual Installation of Officer’s.

For more information, please contact:

**Kimberly Sullivan, Past President**

**LA-SMVFA Scholarship Chairman**

msullivan@md.metrocast.net

42511 Keith Ct.

Hollywood, MD 20636

(240)538-2494

**LA~SMVFA SCHOLARSHIP APPLICATION**

**(PLEASE TYPE OR USE DARK PEN)**

**NAME:**

**HOME ADDRESS:**

**MAILING ADDRESS:**

**HOME TELEPHONE: CELL PHONE:**

**EMAIL ADDRESS:**

**DATE OF BIRTH:**

**SOCIAL SECURITY NO: only needed if selected as an awardee**

**HIGH SCHOOL ATTENDED:**

**SCHOOL MAILING ADDRESS:**

**DATE GRADUATED (OR WILL GRADUATE):**

**\* IF G.E.D., GIVE DATE ENTERED & LOCATION:**

**CURRENT GPA: CUMMULATIVE GPA:**

**SCHOLASTIC AND ATHLETIC HONORS RECEIVED IN HIGH SCHOOL:**

**SCHOOL & COMMUNITY ACTIVITIES IN WHICH YOU PARTICIPATED IN HIGH SCHOOL (INCLUDE OFFICES HELD):**

**NAME OF VOLUNTEER FIRE DEPARTMENT, RESCUE SQUAD, EMS DEPARTMENT or AUXILIARY:**

**DEPARTMENT MAILING ADDRESS:**

**LIST ALL FIRE SCHOOL COURSES/TRAINING TAKEN:**

**(PLEASE ATTACH OFFICIAL FIRE SCHOOL TRANSCRIPT)**

**NAME OF EDUCATIONAL INSTITUTION:**

**MAILING ADDRESS:**

**ENTRY LEVEL FOR ENSUING YEAR:**

**(FRESHMAN, SOPHOMORE, JUNIOR, OR SENIOR)**

**MAJOR:**

**(ATTACH COPY OF INSTITUTION’S CURRICULUM)**

**LIST ANY COURSES TAKEN TO DATE:**

**(ATTACH COPY OF OFFICIAL TRANSCRIPT)**

**SCHOLASTIC & ATHLETIC HONORS RECEIVED IN COLLEGE:**

**SCHOOL & COMMUNITY ACTIVITIES IN WHICH YOU PARTICIPATED IN COLLEGE (INCLUDE OFFICES HELD):**

**ON A SEPARATE SHEET OF PAPER, ANSWER THE FOLLOWING QUESTIONS, IN A TYPED ESSAY OF APPROXIMATELY 250 WORDS AND ATTACH TO THIS APPLICATION:**

**1. WHY ARE YOU APPLYING FOR FINANCIAL ASSISTANCE?**

**2. WHY DO YOU BELIEVE THIS COURSE OF STUDY WILL BE USEFUL?**

**3. WHAT ARE YOUR CAREER GOALS AND OBJECTIVES?**

**4. WHAT CAN YOU OFFER TO THE SOUTHERN MARYLAND COMMUNITY AFTER RECEIVING THIS ASSISTANCE?**

**I HEREBY DECLARE THAT ALL OF THE ABOVE INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

**DATE: SIGNATURE:**

**PLEASE RETURN THE COMPLETED APPLICATION (pages 3-5 and essay) TO THE SCHOLARSHIP CHAIRMAN at the address indicated on page 2 NO LATER THAN APRIL 10TH OF THE ACADEMIC YEAR IN WHICH COLLEGE SUPPORT IS REQUESTED.**