Wheeling Professional Firefighters IAFF Local 12 Scholarship

For students graduating from an Ohio County high school who have a parent or legal guardian who is an active or retired professional firefighter in Wheeling. Applicants must have at least a 2.5 GPA, an ACT score of 19 or SAT score of 990 to be considered.

Application Checklist

Application Deadline: February 21, 2020

Application Guidelines – Carefully read this page to ensure your application is complete.

Please complete the application as presented. Do not include materials that are not requested.

CHECKLIST

☐ Activities Form – Please use the included form to provide information on Extracurricular Activities, Awards and Honors, Community and Volunteer Activities, and Work Experience. Do not attach resumes or other similar documents.

☐ Letter of Recommendation – Ask evaluator to complete form and return to you in a sealed envelope with evaluator’s signature. Include the recommendation with all other application materials. Parents, immediate family members or school counselors are NOT eligible to write the letter of recommendation.

☐ Academic Certification Form – Have appropriate school official complete form and return it with other application materials.

☐ Personal Essay – Please attach a personal essay.

Mailing Address/Office Location:
CFOV
1226 Chapline Street
Wheeling, WV 26003
*applications must be received by February 21*
Application: Wheeling Professional Firefighters IAFF Local 12 Scholarship

PERSONAL INFORMATION
Name: ____________________________________________

Permanent Address: ________________________________________________________________

Street or PO Box City State Zip

What county do you live in? __________________________ U.S. Resident? □ Yes □ No

Date of Birth: ______/______/_______ Telephone: ________________________________

Email: ____________________________________________________________

Father’s Name: ___________________________________ Occupation: ______________________

Mother’s Name: ___________________________________ Occupation: ______________________

*This scholarship is intended to benefit children of active or retired professional firefighters in Wheeling.

ACADEMIC INFORMATION
Name of high school: ____________________________________________

Name of school counselor: ____________________________________________

High School Phone Number: (_______) _______ - _______

UNIVERSITY INFORMATION
Name of college/university in which you plan to enroll:

_____________________________________________________________________________________

Name City State

Have you been accepted? □ Yes □ No
Will you be full-time (12 or more credit hours) this fall? □ Yes □ No

Anticipated major or area of study: _______________________________________________________

Do you plan to live: □ on campus □ off campus □ commute □ unknown

If a West Virginia resident, do you meet the eligibility criteria for the WV Promise Scholarship?
□ Yes □ No
Activities Form

Please list extracurricular, community and personal activities in which you have participated during your high school experience. Include clubs, debate, school sports, student government, fine arts, volunteer work, youth programs, athletic programs, music, scouting, etc. If your involvement in any of the categories exceeds available space, please consider including those that make you most proud. DO NOT INCLUDE ATTACHMENTS.

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<th>Awards and Honors</th>
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Recommendation Letter

Signed and sealed letter must accompany this application.

Name: ______________________________________________________________________________

Relationship: _________________________________________________________________________

When selecting someone to complete your recommendation, select someone who will be thorough in the review of your character. Select someone who knows you well and will be able to give a candid and unbiased evaluation. Your recommendation must be completed by someone other than your parents, immediate family or school counselors.

The evaluator should also provide a brief statement as to why he or she thinks you are most deserving of the scholarship, being mindful of the intention of this scholarship (child of Wheeling professional firefighter).

Personal Essay

Please take the time to prepare a well-developed, well-written, grammatically correct personal essay. The essay should be no more than two typed pages.

Remember, this scholarship is intended to benefit children of Wheeling professional firefighters. Your essay should demonstrate your understanding of the scholarship’s intention, though pursuit of a career in firefighting is not required.

In general, there is no “correct” way to develop and prepare this essay. In writing about something that matters to you, you will convey a sense of yourself that will provide invaluable information during the evaluation process.

I, the student, completed this application and certify that all information contained within is correct and true to the best of my knowledge.

Signature ________________________________ Date ________________________________
Letter of Recommendation Form

Application Deadline: February 21, 2020

To Evaluator: The applicant is applying for a scholarship with the Community Foundation for the Ohio Valley, Inc. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. To insure confidentiality, please return this form and your letter to the student in a sealed envelope with your signature across the seal. Your statement describing the applicant’s character, school, and community leadership abilities, potential to succeed, and evidence of the student’s strengths and weaknesses should not exceed one page.

Remember, this scholarship is intended to benefit children of Wheeling professional firefighters. Your letter should demonstrate your understanding of the scholarship’s intention, though pursuit of a career in firefighting is not required.

I am writing this evaluation on the behalf of ________________________________________________

Evaluator’s Name: ______________________________________________________________________

Telephone Number: (_____ ) _______ - _______

Relationship to applicant: __________________________________________________________________

How long have you known the applicant? ___________________________________________________

An evaluation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant in order that it may be included along with the application packet. Remember – parents, immediate family members and school counselors are not eligible to write the evaluation.
Academic Certification Form – Read Carefully!

This form replaces the need for a transcript and is to be completed by your counselor or other personnel authorized by the counselor.

Submit this form to your counselor for completion, be sure the reported information includes the first semester.

Student’s Name: __________________________________________
School: __________________________________________

Current Class Rank: ___________  Current Cumulative GPA: ___________

SAT Scores (single test date)  ACT Scores (single test date)
Date of Test: ____________________  Date of Test: ____________________
Verbal: ______________  English: ______________
Math: ______________  Math: ______________
Combined: ______________  Reading: ______________

Verbal: ______________  Science: ______________
Math: ______________  Composite: ______________

Person completing this form: ______________________________________
Title: _________________________________________________________
Signature: _____________________________________________________  Date: ____________