



FIREFIGHTERS ASSOCIATION

Emergency Services Memorial Fund Scholarship Application

Sponsored by the
*Benton County Fire District #2
Auxiliary and Firefighter Association*

Deadline to submit original application packet by
May 1st, 5:00 PM

Complete application packets may be mailed or hand delivered to:
Benton Country Fire District #2
1304 Dale Ave
PO Box 719
Benton City, WA 99320

B2 Emergency Services Memorial Fund Scholarship

- 1 Scholarship for \$1000.
- This Scholarship is for students planning a career in some form of Emergency Services, i.e.: Fire Department, Police, Medical, etc.
- This scholarship is intended for a graduating student of Kiona-Benton High School.
- The applicant should have a Benton County Fire District 2 Association member as a recommendation on one of the provided forms.

Eligibility Requirements & Application Guidelines

Selection Process: Scholarships are awarded through a competitive review process. The offer of a scholarship is valid only through the academic year for which the offer is made. Not all applicants will receive an award.

Application Instructions: It is the responsibility of the student applicant to submit a complete packet to the School District office no later than **5:00 PM on May 1st**. Complete your application using a typewriter, word processor, or print only in black ink.

A complete "original" application packet consists of the following:

- Personal information** – Answer each question on the provided form.
- Personal Statement** – This is your opportunity to present yourself in the best possible light to the Scholarship Review Committee. Use the form provided. Only one side of one page will be read.
- Scholarship Recommendation** – Submit two (only two) recommendations. It is the applicant's responsibility to ensure that all scholarship recommendations and your application packet are delivered no later than **5 PM on May 1st**. Recommendation forms are provided.
- High School Transcripts** – A copy of your transcripts through the first semester of your senior year is required.

Scholarship Awards: Applicants may be subject to a review committee meeting interview in May. Scholarships will be announced at Senior Walk Out.

*Deadline to submit an application packet is **5:00 PM, May 1st**.
Questions can be directed to (509)588-3212*

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Personal Statement Form

- **Educational/Career Objectives** – Please state your educational objectives and the name of the school or training center you plan to attend.
- **Activity Record** – Please list your extra-curricular activities and state your responsibilities, offices, and positions held.
- **Community Service** – Please list your community service activities and the extent of your participation.
- **Honors and Awards Received** – Please include the date of each listed.
- **Financial Need Statement** – Please list all sources of expected income (for example, job income, benefits, scholarships, grants, family financial support and government funding). Explain any special financial circumstances that the committee should know of.

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Scholarship Recommendation Number 1

1. What is your relationship to the applicant?

- Employer/Supervisor
 School Faculty
 Other (Explain below)

2. Please give your personal appraisal of the applicant. *(Circle One for each category)*

Communication Skills	Excellent	Good	Average	Below Average	Unable to Evaluate
Team Player	Excellent	Good	Average	Below Average	Unable to Evaluate
Self-Reliance & Initiative	Excellent	Good	Average	Below Average	Unable to Evaluate
Organization & Follow Through	Excellent	Good	Average	Below Average	Unable to Evaluate
Leadership	Excellent	Good	Average	Below Average	Unable to Evaluate
Motivation	Excellent	Good	Average	Below Average	Unable to Evaluate
Responsibility & Conscientiousness	Excellent	Good	Average	Below Average	Unable to Evaluate

3. Please comment on any exceptional scholastic abilities and/or accomplishments exhibited by the applicant.

4. Are you aware of any obstacles or financial hardships the applicant has had to overcome?

Name (Please Print)

Signature

Title

Date

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Scholarship Recommendation Number 2

1. What is your relationship to the applicant?

- Employer/Supervisor
- School Faculty
- Other (Explain below)

2. Please give your personal appraisal of the applicant. *(Circle One for each category)*

Communication Skills	Excellent	Good	Average	Below Average	Unable to Evaluate
Team Player	Excellent	Good	Average	Below Average	Unable to Evaluate
Self-Reliance & Initiative	Excellent	Good	Average	Below Average	Unable to Evaluate
Organization & Follow Through	Excellent	Good	Average	Below Average	Unable to Evaluate
Leadership	Excellent	Good	Average	Below Average	Unable to Evaluate
Motivation	Excellent	Good	Average	Below Average	Unable to Evaluate
Responsibility & Conscientiousness	Excellent	Good	Average	Below Average	Unable to Evaluate

3. Please comment on any exceptional scholastic abilities and/or accomplishments exhibited by the applicant.

4. Are you aware of any obstacles or financial hardships the applicant has had to overcome?

Name (Please Print)

Signature

Title

Date

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Personal Essay

The Benton County Fire District #2 Auxiliary and Association are community service organizations. Please use this page to write a short essay describing how community service has influenced your personal development.