

“Charles J. Getz”
O.S.F.A. Firefighters’ Scholarship Award

APPLICATION REQUIREMENTS:

- The applicant must be a member of a Fire Department belonging to the Ohio State Firefighters’ Association.
- The applicant must be recommended by the fire chief.
- The applicant must be a high school graduate.
- The applicant must be 18 years old. (minimum age)
- The applicant must show interest in the fire service.
- The applicant must write a resume of their Fire Service background and future goals.
- The applicant must submit a completed “Official Application for Scholarship”

AMOUNT OF SCHOLARSHIP GRANT:

- \$2,000.00 may be applied toward tuition and other course charges including books and lab fees.
- Yearly increments are limited to \$1,000.00 for two years.
(Course must be completed within 3 years from the date of the award.)
- Cost of courses will be paid to the individual upon presentation of passing grades and tuition bills.

SELECTION COMMITTEE:

- Candidates shall be selected from those applicants that meet all general requirements, and including, good character, dedication to the fire service, and financial need.

COLLEGES:

- The candidate must attend an accredited college presenting an “Associate Degree in Fire Technology”.

Scholarship Committee
Tim Adams, Chairman
330-483-4923

OHIO STATE FIREFIGHTERS' ASSOCIATION, INC.

"Charles J. Getz" Firefighter Scholarship

Application Form - Please type or print!

NAME _____ AGE _____ S.S. # _____

HOME ADDRESS _____ HOME PHONE _____

_____ SINGLE _____ MARRIED _____

NUMBER OF DEPENDENTS _____ OWN/RENT HOME _____ LIVE WITH PARENTS _____

OCCUPATION _____ ANNUAL INCOME _____

NAME OF HIGH SCHOOL _____ YEAR GRADUATED _____

NAME OF FIRE DEPT. _____ RANK _____

OTHER FUNDING AVAILABLE TO YOUR FROM DEPARTMENT, CITY, TOWNSHIP, ETC.

TYPE OF FIRE DEPT.: PAID ____ VOL ____ CITY ____ VILLAGE ____ TOWNSHIP ____ PRIVATE ____

DATE YOU ENTERED FIRE SERVICE _____ TOTAL YEARS OF FIRE SERVICE _____

LIST OTHER FIRE SERVICE AFFILIATIONS:

LIST ANY OTHER FIRE SERVICE COLLEGE DEGREES OR ACCREDITATION:

INSTITUTION AND COURSE INFORMATION

INSTITUTION NAME AND DEPT.: _____

ADDRESS _____ PHONE # _____

COURSE TITLE FROM CATALOG _____ COURSE # _____

COURSE BEGINS _____ ENDS _____ FULL TUITION COST _____

TYPE OF DEGREE OR ACCREDITATION _____

**A PHOTO COPY OF COURSE DESCRIPTION FROM THE COURSE CATALOG
MUST BE ATTACHED TO THIS APPLICATION!**

* Recipient of scholarship may be subject to receive a 1099.

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“Charles J. Getz” Firefighter Scholarship

TO: SCHOLARSHIP SELECTION COMMITTEE:

In applying for consideration, I am aware that any grant will be applied against my tuition, books, and other course costs. In the event my course does not cost the full amount of the grant, I am only eligible for the amount of the tuition and I have no claim against the Ohio State Firefighters' Association, the donor, or the college for the remainder. I agree that no scholarship money will be used for travel expenses, meals, child care or any other expenses not connected with the tuition and a maximum of only \$1,000.00 of the awarded scholarship may be used for each school year. I agree that no scholarship monies may be used for any schooling prior to the awarding of this scholarship or for any EMS/Paramedic training. I am aware that I have up to three years to make use of the awarded scholarship. Any unused money after the three year period will revert back to the Firefighters Scholarship Fund. I declare that all statements herein are complete and correct to the best of my knowledge, and that if any scholarship monies not used for the purpose of which it was intended, it will be returned to the Ohio State Firefighters' Association. Any deviation or non submission from the required application information may be subject to applications removal from consideration for scholarship.

Applicants Signature _____ Dated _____

IT IS MANDATORY THAT THE FIRE CHIEF SIGN THIS APPLICATION BELOW!

ENDORSEMENT OF THE FIRE CHIEF OF THE FIRE DEPARTMENT, REGARDING SAID COURSE

RECOMMENDED FOR COURSE _____ NOT RECOMMENDED _____

DETAILED REASONS

SIGNATURE OF FIRE CHIEF _____ DATED _____

SPECIAL NOTES, CONDITIONS, AND INSTRUCTIONS REGARDING SCHOLARSHIP

NOTE: If application is approved, the following documents must be submitted to the scholarship committee for reimbursement.

1. Evidence of Satisfactory *completion* of course.
2. Copy of *paid* tuition bill (from College)
3. A copy of bill for books and/or other course charges
4. A summary report regarding course substance, quality of instruction and *copy of grades*.

INSTRUCTIONS: Fill out this form, complete with required signatures. Include a resume of your fire service background, career and education. Include the reasons for wanting the course mentioned and this scholarship. Attach all sheets to this form and forward to the Selection Committee of Scholarships.

Chairman Tim Adams, 35810 Neff Road, Grafton, Ohio 44044, Home phone 330-483-4923

PLEASE NOTE: Scholarships will only be awarded for college courses providing Academic College Credits. Certificate or "short" courses are not eligible for consideration.

ENTRIES POSTMARKED AFTER MAY 30TH, WILL NOT BE CONSIDERED FOR THIS YEARS SELECTION.

ASSESSMENT AND RECOMMENDATION BY THE COMMITTEE ON SCHOLARSHIPS:

Recommended _____ Amount Awarded _____ Not Recommended _____

REASONS:

CHAIRMAN'S SIGNATURE _____ DATED _____