



# The Main Line Chamber F O U N D A T I O N

## 2018 SCHOLARSHIP PROGRAM FOR VOLUNTEER FIREFIGHTERS AND EMERGENCY MEDICAL TECHNICIANS OF THE MAIN LINE

### Scholarship Application

Due no later than April 10, 2018

#### **In order to qualify for this scholarship, you must be:**

- 1 Currently an **active volunteer** firefighter or emergency medical technician (EMT) with one of the Main Line's volunteer fire and/or ambulance companies.
- 2 Have been an active volunteer firefighter or emergency medical technician with this company for AT LEAST SIX MONTHS
- 3 Recipients may be selected on the basis of participation in school and community, unusual personal or family circumstance, financial need, years as volunteer.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

1) With which fire company/ems organization are you a member of? \_\_\_\_\_

2) Have you received a scholarship from The Main Line Chamber Foundation before?  Yes  No If yes, when?

3) Name of High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

4) Cumulative GPA: High School: \_\_\_\_\_ College (if applicable): \_\_\_\_\_

5) At which two-or four-year college or university are you enrolled? \_\_\_\_\_

6) Are you/will you be enrolled as a full-time student?  Yes  No

If no, indicate the number of credits you will take per term \_\_\_\_\_

7) Are you currently enrolled as a full time student?  Yes  No

If yes, how many credits do you have remaining? \_\_\_\_\_

8) Will you continue to serve as an active volunteer firefighter or EMT while attending college?  Yes  No

If yes, name of fire company \_\_\_\_\_

9) Are any members of your family current or former volunteer firefighters or emergency medical technicians?  Yes  No

If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

10) While attending college, will you live on campus, off campus, or in your own home?

On campus  Off campus  At home

11) Please explain in 100 words or less why you are a volunteer firefighter or emergency medical technician.

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12) Please describe any community service activities other than your work with emergency services.

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13) Please indicate how you are paying for your college education? (Indicate in general terms and or percentages, not specific dollar amounts, whether using loans, parental support, scholarships, own money, or other means to cover costs.)

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14) Indicate in 100 words or less why you feel The Main Line Chamber Foundation should make you one of the recipients of a college scholarship.

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15) Do you consider yourself to have a high degree of financial need with respect to your ability to attend college?

Yes  No Please elaborate on your answer.

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16) Do you plan on working full or part time while attending college.  Yes  No If yes, please provide details.

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17) Do you plan on continuing to serve as a volunteer fire/ems service upon completing school?  Yes  No

18) Please provide details on why or why not.

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19) Additional Information [optional] (For example, a story about an experience while volunteering that cemented your desire to be a firefighter or EMT)

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Applicant must read and sign below to be considered for the scholarship:

I have read the criteria for The Main Line Chamber Foundation Volunteer Firefighter and Emergency Medical Technician Scholarship Program, and I acknowledge that I meet all the stated criteria. I confirm that the information included in this application is true and correct to the best of my knowledge. I certify that neither I nor any member of my immediate family is employed by The Main Line Chamber Foundation or The Main Line Chamber of Commerce. I give permission for The Main Line Chamber Foundation to release information about me and the name and amount of the scholarship if I am awarded a scholarship based on this application.

If this application is chosen for a scholarship award, checks will be made payable to the school and the recipient. Checks must be deposited OR returned to the Main Line Chamber foundation within 6 months of award. Failure to notify the Main Line Chamber Foundation of unused funds within this timeframe will result in disqualification for future scholarships.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Chief Officer and/or Fire Company President (FF) or EMS Chief/Captain (EMT) recommending this applicant.

Name (Please Print): \_\_\_\_\_ Title: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone : \_\_\_\_\_

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For Official Use Only : Received By : \_\_\_\_\_

Date Received : \_\_\_\_\_

Reviewed Date : \_\_\_\_\_

Scholarship Status : \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Reason for denial : \_\_\_\_\_

Scholarship Award Amount : \$ \_\_\_\_\_

**Please mail completed application to The Main Line Chamber Foundation  
175 Strafford Ave Suite 130 Wayne, PA 19087**

Scholarship recipients are expected to attend the Hometown Heroes Celebration at the Lower Merion Township Building on June 12 at 6:30pm and asked to volunteer at The Main Line Run/Walk fundraiser on the morning of Sept. 9.

*Application deadline is April 10, 2018*