

**“Jim Swicegood Churchland VFD Scholarship”
Guidelines and Application
Churchland Volunteer Fire Department**

I. Applicants:

1. Should be aware the Scholarship program does not discriminate by sex, age, race or religious affiliation;
2. Preferences will be given to applicants from the West Davidson Community areas (defined by the Scholarship Committee as communities that feed into West Davidson High School);
3. Must be seeking education beyond the high school level, in a duly qualified college, university or community college;
4. Must file written application with Scholarship Committee by the deadline – May 1st. The application may be hand delivered to the Churchland Fire Department or mailed to:

Churchland Volunteer Fire Department
9752 S. NC Hwy 150
Linwood, NC 27299-9460

5. Must be available for a personal interview with the Scholarship Committee.

II. Recipients:

1. Shall have established a definite need for financial assistance and shall demonstrate academic aptitude and a potential for achievement;
2. Shall have met entrance requirements of and been accepted by a college, university or community college;
3. Use of the Scholarship is for tuition and book fees only, unless otherwise specified by the Scholarship Committee in writing. Use of Scholarship funds for any other area without pre-approval by the Scholarship Committee will be considered unauthorized and will render this agreement broken, and the Committee and the Fire Department will expect full repayment of the Scholarship award.

III. Scholarships:

1. Shall be awarded on a one (1) year basis, subject to review and resubmission of application before any continued funding in subsequent years;
2. May be awarded to one or more eligible recipient(s), at the discretion of the Committee, and in amounts determined solely by the Board;
3. Will be paid to the school of choice and/or the recipient, and any changes to school on application from application period until attendance, must be pre-approved by the Committee;

4. The Scholarship Committee shall make initial judgment of all applications and shall make recommendations to the Board by the second Tuesday of May of each year. The Scholarship Committee and Board reserve the right to request a formal meeting or question and answer session with any final candidate selections, if the Board and Committee deem it necessary.
5. The Scholarship Committee and Board reserve the right to make no awards in any one year, or by the above-mentioned dates, should there be, in their opinion, no applications that meet the above criteria and the scholarship guideline requirements. In such an event, the Committee reserves the right to promote possible Fall funding for the Scholarship(s), the Committee deems necessary, in an attempt to distribute the funds, and locate acceptable candidates. If that occurs, new deadlines will be announced as necessary.

I understand and certify that I meet the above criteria, and agree that by signing I am making petition for application for the "Jim Swicegood Churchland VFD Scholarship" for funding. If I am under eighteen (18), my parent or legal guardian is signing BELOW my signature agreeing that they support my application and will see that the above criteria is followed if awarded.

Signature of Applicant _____

Print Name _____

Signature of Parent and/or Legal Guardian _____

Print Name _____

Date _____

APPLICATION

Name _____

Address _____

Date of Birth _____ Sex _____ Single _____ Married _____ Divorced _____

Resident of which Fire District _____

Member of Fire Department? _____ If yes, which FD? _____

If employed: Occupation _____

Employer _____

Length of time employed _____ Salary _____

If married: Name of Spouse _____

Occupation of Spouse _____

Employer _____ Salary _____

If Dependent on Parent(s)/Guardian or others:

Names of parents or others _____

Occupations _____

Employers _____

Salaries and Income _____

Number and relationship of others dependent on your parents:

Have you ever received an award from this fund? _____ If yes, how much? _____

Have you received financial aid from any other source(s)? _____ If so, what other sources of help have you received for educational or other expenses (including fellowships, scholarships, grants, tuition rebates, and employer contributions)? _____

What college, university or community college have you been accepted to, and/or are you attending?

In which program? _____ Hours Enrolled _____

Degree you are pursuing? _____

When do you expect to receive this degree? _____

Cost of tuition and fees per year _____ GPA _____

Housing/Dormitory Costs _____ SAT Scores _____

Other degrees you hold and from which institutions? _____

High School Attended _____ Year Graduated _____

Honors, school and/or community activities that you are or have been involved in _____

How much money are you seeking from this scholarship program? _____

In a brief statement (one page or less), tell us why you think you should receive an award from this scholarship fund. (Attach statement to application, or use the back of this page.)

Signature of Applicant _____ Date _____

Print Name _____

Signature of Parent(s) and/or Legal Guardian _____

Print Name(s) _____

Telephone Number where you can be reached _____