



DR. DARRISANT AKEL
your attention

*Association Of Fire Districts
of the State of New York, Inc.*

The Association of Fire Districts of the State of New York is pleased to announce our "Ned Carter" Scholarship availability of four (4) \$1,500.00 scholarships to New York State High School Seniors who will be graduating in June of 2017.

THE STUDENT MUST BE RELATED TO A FIREFIGHTER, BE A FIREFIGHTER, OR BE AN EXPLORER IN A FIRE DEPARTMENT OR DISTRICT, THAT IS A CURRENT PAID MEMBER IN GOOD STANDING OF THE ASSOCIATION OF FIRE DISTRICTS OF THE STATE OF NEW YORK.

These scholarships are named in memory of Past President Edward "Ned" Carter and all deceased past presidents of the State Association. In keeping with Ned's life of community service and dedication to helping others, these awards will be presented to those young people who will be pursuing a post-secondary career in the community service-related areas of endeavor at either a two- or four-year college next year.

Applications will be available online on the Association's website (www.firedistnys.com) and from your high school guidance department. The application printed and mailed as directed. Questions can be addressed to firetrain@optonline.net or 631-774-7313.

To be considered for this honor, applications **MUST** be postmarked by the first Saturday in March and mailed to: AFDSNY Scholarship Committee, % Eugene Petricevich, P.O. Box 133, Brookhaven, NY 11719. The scholarships will be awarded at the schools' Senior awards ceremonies.

The Association Scholarship Committee



"Serving Fire District Officers Through Education"
OFFICE: 1-631-947-2079 • FAX: 1-631-207-1655
VISIT OUR WEBSITE AT WWW.FIREDISTNYS.COM

**ASSOCIATION OF FIRE DISTRICT STATE OF NEW YORK
“NED” CARTER / PAST PRESIDENTS SCHOLARSHIP**

Criteria for selections:

1. The recipient(s) must be continuing on to further their education at either a two- or four-year accredited college.
2. Awards will be made to those young people who have and will be entering a career of service to the community (Fire Service–related major, Nursing, Social Work, Health-Related Services, Teaching, Librarian, etc.).
3. Financial need will be a factor in the selection.
4. No more than four (4) awards will be given in any one year.
5. The four scholarships will be divided into four geographic areas. Eastern (Region 7, 8, 9), Central (Region 1, 2, 3, 10), Western (Region 4, 6), and Northern (Region 5, 11).
6. Awards will be made directly to the recipients, upon successful completion of the first semester and proof of registration for the second semester at an accredited institution of higher learning.
7. Applications will be evaluated by a committee representing the Association of Fire Districts State of New York at the March Board of Directors meeting.
8. All decisions of the committee are final.
9. Two (2) Teacher Recommendations, one (1) Guidance Counselor endorsement, one (1) personal reference, and one (1) firematic recommendation must accompany each application, along with a current transcript.
10. A copy of the applicant’s latest transcript, a copy of parent(s) and/or guardians LAST Income Tax Report with a copy/copies of the W2 Form, must accompany this application.
11. All applications must be **COMPLETELY** filled out, legible and attached to the reference sheet and postmarked by the first Saturday in March.
12. All candidates must be high school graduating seniors. Successful completion of high school is required prior to the actual presentation of the check.
13. **ALL CANDIDATES MUST BE ASSOCIATED WITH A FIRE DEPARTMENT OR DISTRICT, THAT IS A CURRENT PAID MEMBER IN GOOD STANDING OF THE ASSOCIATION OF FIRE DISTRICTS OF THE STATE OF NEW YORK.**

ALL INFORMATION IS CONFIDENTIAL AND FOR COMMITTEE USE ONLY.



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**THIS PAGE MUST HAVE ALL BOXES CHECKED
AND BE THE TOP PAGE OF YOUR COMPLETED APPLICATION
PLEASE NOTE: THE APPLICATION MUST BE FILLED OUT COMPLETELY
AND HAVE NO SECTIONS LEFT BLANK.**

1. Completed Application
2. Guidance Recommendation
3. Personal Recommendation
4. Firematic Recommendation
5. Teacher Recommendations (2)
6. Transcript
7. Latest Tax Return with W2 Forms
8. ***ASSOCIATED WITH A FIRE DEPARTMENT OR DISTRICT THAT
IS A CURRENT PAIDMEMBER IN GOOD STANDING OF THE
ASSOCIATION OF FIREDISTRICTS OF THE STATE OF NEW YORK.***
9. **This Page Must Have All Boxes Checked**



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ASSOCIATION OF FIRE DISTRICTS STATE OF NEW YORK SCHOLARSHIP

GUIDANCE COUNSELOR ENDORSEMENT

This form must be completed by the applicant's guidance counselor.

Applicant's Name: _____

Guidance Counselor's Name: _____

Guidance Counselor's Signature: _____

High School: _____

Number of Years as a Counselor: _____

Please describe the applicant's involvement and accomplishments in his/her career as a student under your guidance. We would be particularly interested in how he/she related to other students, faculty, administration, and other support personnel. If there is other information that you feel might help the selection committee, please feel free to comment. We are looking for a deserving student who is planning a career in some type of community services. Use the back of the form if needed.

ENDORSEMENT MAY BE PRINTED ON THE BACK OF THIS PAGE.



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PERSONAL REFERENCE

This must be completed by a person who is **not**:

1. A relative of the applicant
2. A high school- or college-level teacher of the applicant
3. A member of the applicant's high school administration
4. A member of the local fire department or district

Applicant's Name: _____

Your Name: _____

Your Address: _____

Your Telephone Number: _____

Your Occupation: _____

Your Employer/Firm: _____

How long have you known the applicant? _____

Briefly describe the nature of your acquaintance with the applicant and any personal traits and qualities that you consider exceptional or outstanding. Please use the back of this form, if necessary.

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FIREMATIC REFERENCE

This must be completed by a person who is a member of the fire district or affiliated member organization of the Association of Fire Districts State of New York.

Applicant's Name: _____

Your Name: _____

Your Address: _____

Your Telephone Number: _____

Your Title: _____

Your Fire District: _____

How long have you known the applicant? _____

Briefly describe the nature of your acquaintance with the applicant and any personal traits and qualities that you consider exceptional or outstanding. Please use the back of this form, if necessary.

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TEACHER RECOMMENDATION

This form must be completed by a high school teacher.

Applicant's Name: _____

Teacher's Name: _____

Teacher's Signature: _____

High School: _____

Number of Years as a Teacher: _____

Class(es) in which the applicant was your student:

_____ Final Grade: _____

_____ Final Grade: _____

Please describe the applicant's involvement and accomplishments in your class. We would be particularly interested in how he/she related to other students, faculty, administration, and other support personnel. If there is other information that you feel might help the selection committee, please feel free to comment. We are looking for a deserving student who is planning a career in some type of community service. Use the back of this form if needed.

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This form must be completed by a high school teacher.

Applicant's Name: _____

Teacher's Name: _____

Teacher's Signature: _____

High School: _____

Number of Years as a Teacher: _____

Class(es) in which the applicant was your student:

_____ Final Grade: _____

_____ Final Grade: _____

Please describe the applicant's involvement and accomplishments in your class. We would be particularly interested in how he/she related to other students, faculty, administration, and other support personnel. If there is other information that you feel might help the selection committee, please feel free to comment. We are looking for a deserving student who is planning a career in some type of community service. Use the back of this form if needed.

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