

The Association of Fire Districts of the State of New York is pleased to announce our “Ned Carter” Scholarship availability of three (3) \$1,500.00 scholarships to New York State High School Seniors who will be graduating in June of 2009. The Student must be related to or be a Firefighter in an affiliated member organization of the Association of Fire Districts of the State of New York and must reside within New York State.

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 Associations website www.firedistnys.com and from your high school guidance department.

To be considered for this honor, applications must be postmarked by the first Saturday in March and mailed to: AFDSNY Scholarship Committee, % Joseph Gadzinski P.O. Box 90, Riverhead NY 11901. The Scholarships will be awarded at the Annual Meeting in May, where the winners and parents will be invited to attend a small ceremony honoring their achievement.

The Association Scholarship Committee

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 three (3) awards will be given in any one year.**
- 5. The three scholarships will be divided into three geographic areas, Eastern (Region 7,8,9) Central (Region 1,2,3,10) and Western (Region 4,5,6,11) .**
- 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 applicants latest transcript, a copy of parent(s) and/or guardians last Income Tax Report with a copy(s) of the W-2 Form, must accompany this application.**
- 11. All applications must be typed or typed 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.**

ALL INFORMATION IS CONFIDENTIAL AND FOR COMMITTEE USE ONLY.

THIS IS REQUIRED OF ALL APPLICANTS.

ASSOCIATION OF FIRE DISTRICTS STATE OF NEW YORK SCHOLARSHIP

1. **Name:** _____ **Date of Birth:** ___/___/___
Last First Middle

2. **Address:** _____
Street Town

Telephone #: _____

3. **Father Name:** _____ **Occupation:** _____

Address: _____

Mothers Name: _____ **Occupation:** _____

Address: _____

4. **List name, ages & occupations of brothers & sisters living at home:**

Name: _____ **Age:** ____ **Occupation:** _____

Name: _____ **Age:** ____ **Occupation:** _____

Name: _____ **Age:** ____ **Occupation:** _____

5. **Guidance Counselors Name:** _____

6. **Institutions applied to or interested in applying to:**

7. **Major area of study in college:**

8. **List any community organizations or clubs that you have been a member of and the length of involvement:**

9. **Have you received any other scholarships or financial assistance?**

10. **List any extra curricular activities on the back of this page, unless they are included in your transcripts**

ASSOCIATION OF FIRE DISTRICTS STATE OF NEW YORK SCHOLARSHIP

GUIDANCE COUNSELOR ENDOURSEMENT

This form must be completed by the applicants Guidance Counselor.

Applicants' Name: _____

Guidance Counselors Name: _____

Guidance Counselors Signature: _____

High School: _____

Number of Years as a Counselor: _____

Please describe the applicants' 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 that is planning a career in some type of community service. Use the back of this form if needed.

**ENDOUREMENT MAY BE COMPUTER GENERATED AND PRINTED
ON BACK OF PAGE**

ASSOCIATION OF FIRE DISTRICTS STATE OF NEW YORK SCHOLARSHIP

TEACHERS RECOMMENDATION

This form must be completed by a high school Teacher.

Applicants' Name: _____

Teachers Name: _____

Teachers 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 applicants' involvement and accomplishments 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 that is planning a career in some type of community service. Use the back of this form if needed.

**ENDORSEMENT MAY BE COMPUTER GENERATED AND PRINTED ON
BACK OF PAGE**

ASSOCIATION OF FIRE DISTRICTS STATE OF NEW YORK SCHOLARSHIP

TEACHERS RECOMMENDATION

This form must be completed by a high school Teacher.

Applicants' Name: _____

Teachers' Name: _____

Teachers' 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 applicants' involvement and accomplishments 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 that is planning a career in some type of community service. Use the back of this form if needed.

**ENDORSEMENT MAY BE COMPUTER GENERATED AND PRINTED ON
BACK OF PAGE**

ASSOCIATION OF FIRE DISTRICTS STATE OF NEW YORK SCHOLARSHIP

PERSONAL 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.

Applicants' 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 which you consider exceptional or outstanding. Please use the back of this form if necessary.

**ENDOURSEMENT MAY BE COMPUTER GENERATED AND PRINTED ON
BACK OF PAGE**

ASSOCIATION OF FIRE DISTRICTS STATE OF NEW YORK SCHOLARSHIP

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**

Applicants' 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 which you consider exceptional or outstanding. Please use the back of this form if necessary.

**ENDOURSEMENT MAY BE COMPUTER GENERATED AND PRINTED ON
BACK OF PAGE**
