



Sauvie Island Volunteer Firefighters Association Scholarship Application

The objective of the Sauvie Island Volunteer Firefighters Association Scholarship program is to give volunteers our support in their educational goals and to support the advancement of fire science and/or medical related fields within our community. The scholarship is funded through the annual 4th of July Foot Traffic Marathon. The scholarships are in the amount of \$1000, awarded in June and funded in September.

You may qualify for scholarship consideration if you are:

- 1) a member of the SIVFFA
- 2) an immediate family member of a Volunteer
- 3) a child or grandchild of a past or present Volunteer
- 4) an island resident seeking fire science or medical fields of study

Applications are due no later than April 30th via mail or email. The scholarship committee presents their recommendations at the June Association meeting. Awardees are notified and scholarship checks are sent directly to the student accounts for use in tuition, books, and student fees in September.

In addition to the application, please attach a typed letter listing personal and educational information including, but not limited to the following:

- Personal Background
- Years of residence on Sauvie Island or connection to Sauvie Island
- Education – past, future and goals
- Hobbies
- Community Service
- Past Activities, Accomplishments, Awards, Certifications

Forward submissions to the attention of Scholarship Committee
Mail: 13482 NW Sauvie Island Road, Portland, Oregon 97231

Email: scholarship@sifire.org



Sauvie Island Volunteer Firefighters Association

Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Eligibility

Please choose one of the following:

Volunteer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Family Member of a Volunteer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Volunteer Name _____
Child of a Volunteer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Volunteer Name _____
Grandchild of a Volunteer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Volunteer Name: _____
Island Resident	YES <input type="checkbox"/>	NO <input type="checkbox"/>	:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____