

\$1,000 Community Scholarship In memory of Firefighter Craig Helmholz



SOUTH KITSAP FIRE RESCUE VOLUNTEER ASSOCIATION
P.O. Box 2431 ☐ Port Orchard, WA 98366

www.skfrva.org

SCHOLARSHIP HISTORY:

South Kitsap Fire Rescue Volunteer Association has been serving the community and SKFR since 1946. The Association goals are to support the best interest of the department, fellow volunteers, and the surrounding community. Association volunteers actively participate in department and community activities, such as the countywide Recruit Academy, Public Safety Fair, Home Safety Inspections, Santa Runs, HotFoot 5K, Olalla Easter Breakfast, Fire House Spaghetti Feed, and more. Visit www.skfrva.org to learn more.

This scholarship is in memory of Craig Helmholz, a young volunteer firefighter who lost his battle with cancer in 1999. Craig's commitment to service while battling the cancer that took his life inspired the Association to create a scholarship program to promote community service while assisting higher education.

REQUIREMENTS:

1. **Reside within SKFR department boundaries (South Kitsap District, Navy Yard City, Rocky Point). Accepted SKFR volunteers and immediate family members are also eligible.**
2. Completed Application
3. 500 -750 word description of the following topics (must be in essay format):
 - a. Explain why you feel community service is important.
 - b. Explain how this scholarship will help you achieve your goals.
 - c. Explain how this scholarship will help you with your continued community service.

APPLICATION PROCESS:

1. Pick up applications at the Financial Aid Office or request one through the Association web site: www.skfrva.org
2. Completed application and essay **must be received by March 01, 2019, no later than 4:00 p.m.**
Applications may be dropped off at SKFR headquarters, Station 8.
1974 Fircrest Drive, Port Orchard WA 98366
or mailed to:
South Kitsap Fire & Rescue Volunteer Association
Attn: Scholarship Committee
P.O. Box 2431
Port Orchard, WA 98366
3. Notification for interviews will be provided to selected applicants in early to mid April, 2019.
4. Interviews will be held in early May 2019.
5. Notification of scholarship award will be given no later than one week after the interview board.
6. Funds will be distributed directly to the educational institution of the applicant's choice upon proof of enrollment.
7. Funds must be used within one year of award notification.
8. If you have any questions please call Volunteer Debby Oliver, Scholarship Committee Chair at c: 253-948-8774 or email: skfrva@wavecable.com , subject heading: SKFRVA Community Scholarship.

HOW TO APPLY:

Scholarship applications should be submitted on official application forms to South Kitsap Fire Rescue Volunteer Association at the address shown at the top of this application form. Submit one application for each person. It is the applicant's responsibility to keep all information up to date. An application may be rejected if unsigned, incomplete, or received after the deadline specified in the announcement. **READ ALL THE INSTRUCTIONS CAREFULLY.**

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INSTRUCTIONS: Print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, include your name, the scholarship title and the specific section of this application form you are continuing. You may also attach copies of resumes, documents or certificates which support your application. All materials submitted become the property of South Kitsap Fire Rescue Volunteer Association and will not be returned. Nothing can be added to your application after the announcement period is closed. All statements made on the application are subject to verification. Failure to follow these instructions may be cause for rejection of the application. Illegible or incomplete applications may also be rejected. Exaggerated, false or misleading statements may be cause for rejection of the application. Applicant's initials at the end of this paragraph affirm that all instructions were read and understood. Application is considered incomplete with out initials.

APPLICANT INFORMATION:

Last Name:	First Name:	Middle Initial:	Years out of High School: (0 if senior)
Mailing Address:		City:	State: Zip Code:
Telephone Number: ()	Message Number: ()	Number of years in South Kitsap	Education Level: (circle one) GED 12 13 14 15 16
Email Address:			

COMMUNITY SERVICE:

List all community services and volunteer organizations you have contributed to. List a contact name and number for each.

Involvement period:	Organization Name:	Contact Name:	Contact Number: ()
Involvement period:	Organization Name:	Contact Name:	Contact Number: ()
Involvement period:	Organization Name:	Contact Name:	Contact Number: ()
Involvement period:	Organization Name:	Contact Name:	Contact Number: ()

REFERENCES:

List three (3) references that are not a family member, but have known you for a year or more. State the nature of your relationship (i.e. friend, landlord, etc.).

Name:	Address:	Phone Number: ()	Relationship:	Years Known:
Name:	Address:	Phone Number: ()	Relationship:	Years Known:
Name:	Address:	Phone Number: ()	Relationship:	Years Known:

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EDUCATIONAL GOAL:

List the college you wish to attend and your long term objective.

Name of College:	City, State:	Major/Objective:
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AWARDS AND ACHIEVEMENTS:

List any awards or achievements not already mentioned.

Award/Achievement:	Received by/Accomplished for:	Date:
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Award/Achievement:	Received by/Accomplished for:	Date:
Award/Achievement:	Received by/Accomplished for:	Date:

IMPORTANT:

READ ENTIRE APPLICATION CAREFULLY, AND FOLLOW ALL INSTRUCTIONS COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, ASK FOR CLARIFICATION. APPLICANT'S SIGNATURE INDICATES THAT ALL THE PROVISIONS STATED THEREIN ARE UNDERSTOOD AND APPLICANT AGREES TO ABIDE BY THE CONDITIONS.

AGREEMENT:

I certify that the information contained in this application is correct to the best of my knowledge. I understand that any falsification, misrepresentation or omission on this application is grounds for rejection of the application. I authorize any of the persons or organizations referenced in this application to give SKFR Volunteer Association all information they might have concerning my previous education, community service work, or other relative information, personal or otherwise, with regard to any subject covered in my application. I authorize SKFR Volunteer Association to request and receive such information.

I understand that my scholarship award can be terminated at any time for any reason, which is not in violation of law, at the discretion of either myself, or the SKFR Volunteer Association.

I understand that this application and any other documents which I may receive are not legally binding contracts of scholarship award.

RELEASE:

I hereby release and hold harmless any person, corporation, company or other entity from any and all possible damages, direct or consequential, immediate or remote, of all forms or types, that I may sustain or allege to sustain by virtue of that person, corporation, company or other entity complying with my request to fully and completely comply with the investigation, inquiry or interests of South Kitsap Fire Rescue Volunteer Association, to whom I have made an application for scholarship and is the bearer of this authorization.

Signature: _____

Date: _____