



Dear James A. Todd Memorial Scholarship Applicant:

The Kansas State Firefighters Association Auxiliary, Inc. is pleased to offer scholarships to State of Kansas Firefighters and members of their families.

The Memorial fund is named for a long-time advocate of Kansas Fire service—James A. Todd.

The scholarships available are the Academic Assistance, Firefighters Assistance and Fire Science. Those eligible for the Academic Assistance Scholarship are Kansas Firefighters (paid, part-paid or volunteer) and immediate family (spouses, children, step-children, natural and adopted grandchildren who will be attending college full-time). Those eligible for the Firefighters Assistance Scholarship are Kansas Firefighters (paid, part-paid or volunteer). Those eligible for the Fire Science Assistance Scholarship are (Fire Science students who do not have fire affiliation but who are attending college full time in the fire science classes).

Enclosed please find a KSFFA Auxiliary, Inc. James A. Todd Memorial Scholarship Application. Please take note that your completed application must be post marked by February 1 of the current year in order to be eligible for the coming school year. Also you must provide a copy of your school transcripts from current High school (if incoming freshman) or most current college transcripts for all college students, in order to be considered for these scholarships.

In addition, you must obtain TWO (2) letters of recommendations, One must come from an executive officer of your local fire department on official letterhead (cannot be a family member or member of the State Executive board or Auxiliary board) and the other letter of recommendation must come from outside the fire department.

Please mail your original completed application and two (2) copies to:

Kansas State Firefighters Association Auxiliary Scholarship Trustee
Stacey Steckel
PO Box 61
Kismet, KS 67859

PLEASE NOTE THAT INCOMPLETE APPLICATIONS AND TYPED PERSONAL STATEMENTS WILL NOT BE CONSIDERED.

Scholarship recipients will be notified prior to the Auxiliary's Annual Conference in April.

Should you have any questions or need further assistance, please do not hesitate to contact me or any of our State Officers.

Sincerely,

Stacey Steckel
KSFFA Auxiliary Scholarship Trustee
jbsrs@swko.net
620-629-7478

James A. Todd Memorial Scholarship

Check ONLY ONE Scholarship for which you are applying:

- Academic Assistance \$1,000 Annual Award (full time students)
- Firefighters Assistance \$1,000 Annual Award (firefighters only)
- Fire Science \$1,000 Annual Award

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Social Security Number: _____

Parent(s) or Legal Guardian(s)
Name(s): _____

Address (if different
from above): _____

Home Phone Number: _____

High School: _____ GPA: _____ Year Graduated: _____

College/University: _____

City: _____ State: _____ Zip Code: _____

Dates Attended: _____ GPA: _____ Major: _____

College/University: _____

City: _____ State: _____ Zip Code: _____

Dates Attended: _____ GPA: _____ Major: _____

Please list any **EXTRA CURRICULAR OR COMMUNITY ACTIVITIES** you may be involved in (organizations, honors, awards, as well as any offices held). Continue on additional page(s) if necessary.

PERSONAL STATEMENT:

IN YOUR OWN HANDWRITING, please state why you feel you are qualified for this scholarship. Indicate your goals for the future and how this will benefit you. Attach a separate page, if necessary.

FUTURE EDUCATIONAL PLANS:

College/University you are planning to attend. Also state any previous colleges/universities you have attended.

Name of College/University: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Major Course of Study: _____

Total Credit Hours earned to date: _____ Total Attempted: _____ GPA: _____

Average hours taken per semester: _____ Hours planned for **NEXT** semester: _____

Previous College(s): _____

Dates: _____

Previous College(s): _____

Dates: _____

If there is any additional information which you feel is important for the Selection Committee to know that was not covered in this application. Please indicate **YOUR** involvement with *Fire Department and/or Fire Department Auxiliary* functions.

Applicant's Signature: _____

Date: _____

Parent's Signature: _____

(if applicant is under 18)

Date: _____

RECOMMENDATION ON OFFICIAL LETTERHEAD (and signed by officer):

To the **EXECUTIVE OFFICER:** Please consider some of the following when writing this recommendation:
Character, family, qualifications, financial need, involvement in Fire Department activities, and/or
extenuating circumstances.

SECOND RECOMMENDATION:

To the **INDIVIDUAL:** Please consider some of the following when writing this recommendation:
Character, family, qualifications, financial need, involvement in Fire Department activities, and/or
extenuating circumstances.

Signature: _____

Date: _____

City, State, Zip Code: _____