



# ASSOCIATION OF FIRE DISTRICTS OF THE STATE OF NEW YORK

## NED CARTER MEMORIAL SCHOLARSHIP ANNOUNCEMENT

The Association of Fire Districts of the State of New York is pleased to announce the Ned Carter Memorial Scholarship Award for High School Seniors. These scholarships are named in honor of Past President Edward “Ned” Carter honoring all deceased past presidents of the Association. In keeping with Ned’s lifelong dedication to community service and helping others, this scholarship will be presented to high school seniors who will be pursuing a career in a community service related discipline.

- Eligible to high school seniors who will be attending a two or four-year college upon graduation.
- Four, onetime \$1500 scholarships will be awarded to high school seniors
- Applicant **must** be related to a firefighter, be a firefighter or be an Explorer/Junior Member in a fire department or fire district that is currently a paid up member of the Association of Fire Districts of the State of New York.
- All required documents shall be submitted as a single package by mail or email and not sent separately.
- **APPLICATIONS MAY BE SUBMITTED TO: SCHOLARSHIP COMMITTEE PO BOX 133, BROOKHAVEN, NY 11719 AND MUST BE POSTMARKED NO LATER THAN SATURDAY FEBRUARY 20<sup>TH</sup>, 2021.**
- Scholarships will be awarded at the school’s Senior Awards Program

*The Scholarship Committee (revised 2020)*



# ASSOCIATION OF FIRE DISTRICTS OF THE STATE OF NEW YORK

## Edward “Ned” Carter Scholarship

### Criteria for Selection

1. ALL APPLICANTS MUST BE ASSOCIATED WITH A FIRE DEPARTMENT OR FIRE DISTRICT THAT IS A MEMBER OF THE ASSOCIATION OF FIRE DISTRICTS OF THE STATE OF NEW YORK WHO'S DUES ARE CURRENTLY PAID UP FOR THE YEAR OF SUBMISSION OF THIS SCHOLARSHIP APPLICATION.
2. The recipient shall be continuing their education after high school at either a two or four-year institution of higher education.
3. Applicants must have successfully completed high school prior to receiving scholarship award.
4. Awards will be made to those who will be pursuing a community service related career which will include but not limited to the fire service, nursing, social work, health related services, teaching, paramedic etc.
5. Academic achievement and community service are factors in the selection.
6. There will be no more than four (4) awards in any given year and will be awarded in different geographic areas of the state.
7. Awards shall be made directly to the winning recipient after successful graduation from high school and upon proof of registration to a two or four year accredited institution of higher education.
8. Applications shall be evaluated by the Scholarship Committee of the Association of Fire Districts of the State of New York
9. All decisions of the Committee are final.

**Additional documents to accompany the application shall include the following:**

**All of the following documents must be sent in as one complete package in**

**the same envelope**

1. One (1) recommendation from a Guidance Counselor
2. One (1) personal recommendation
3. One (1) recommendation from a fire officer, fire company officer or fire district Commissioner or Chief Officer.
4. Include a 200 word or less typed/printed essay in the participant's own words briefly explaining how this scholarship will assist you or what that means to you and your family.
5. One (1) copy of the applicants most recent transcript
6. All applicants are reminded to **COMPLETELY** fill out the application and it must be legible, attached to the reference sheet and sent or postmarked by FEBRUARY 20th, 2021.

**APPLICATION DEADLINE SATURDAY FEBRUARY 20th, 2021**

**Applications shall be submitted to**

**The Scholarship Committee**

**PO BOX 133**

**BROOKHAVEN, NY 11719**



**ASSOCIATION OF  
FIRE DISTRICTS**  
OF THE STATE OF NEW YORK

**THIS DOCUMENT MUST BE THE TOP PAGE OF YOUR APPLICATION**

- **APPLICATION DEADLINE FEBRUARY 20th, 2021**
- **All Boxes Must Be Checked prior to submission:**
  - Application Completed in full included in application packet**
  - Guidance Recommendation Included in application packet**
  - Personal Recommendation Included in application packet**
  - Firematic Recommendation Included in application packet**
  - 200 word or less typed essay, how this funding will help or what it means to you.**
  - Transcript with application packet**
  - Applications will be verified that the fire department or fire district that you or your relative is associated with is a dues paying member of the Association of Fire Districts of the State of New York.**
- ✓ **FAILURE TO SUBMIT A COMPLETE APPLICATION WILL RESULT IN DISQUALIFICATION**
- ✓ **FAILURE TO SUBMIT BY THE STATED DEADLINE WILL RESULT IN DISQUALIFICATION**
  - ✓ **ALL INFORMATION IS CONFIDENTIAL FOR COMMITTEE USE ONLY**
  - ✓ **NO INFORMATION IS SHARED OR SOLD FOR ANY OTHER PURPOSE**



THIS SCHOLARSHIP APPLICATION MUST BE COMPLETELY FILLED OUT. PLACE N/A IF SOMETHING DOES NOT APPLY. DO NOT LEAVE ANY SECTIONS BLANK.

1. Applicants name: \_\_\_\_\_  
Last First MI

2. Address: \_\_\_\_\_  
Number Street City Zip

COUNTY: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ email address: \_\_\_\_\_  
Area Code PRINT CLEARLY

3. Father's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

4. Mother's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

5. Number of siblings in the same household attending College: \_\_\_\_\_

6. Guidance Counselor's Name: \_\_\_\_\_

High School: \_\_\_\_\_

8. Intended Major area of study: \_\_\_\_\_

10. List any community organizations which you have been a member and length of time involved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. List any school extracurricular activities you have been involved in: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12: How is a firefighter related to you? \_\_\_\_\_

*You must be related to a firefighter, be a firefighter, belong to a fire department Explorer post or a Junior Member. The district or department must be a paid up dues paying member of the Association of Fire Districts of the State of New York.*



## Fire Service 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 \_\_\_\_\_

**TO BE FILLED OUT BY PERSON PROVIDING REFERENCE:** ↓

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Fire District: \_\_\_\_\_ County: \_\_\_\_\_

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.**

**USE THE BACK OF THE FORM IF NEEDED.**



**Personal Reference**

THIS MUST BE COMPLETED BY A PERSON WHO IS **NOT**:

- A. Relative of the applicant or:
- B. High school- or college-level teacher of the applicant or:
- C. Member of the applicant's high school administration or:
- D. Member of the local fire department or district

**TO BE FILLED OUT BY PERSON PROVIDING REFERENCE**



Applicant's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_ [PLEASE PRINT CLEARLY]

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.**

**USE THE BACK OF THE FORM IF NEEDED.**



## 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: \_\_\_\_\_ Date: \_\_\_\_\_

High School: \_\_\_\_\_

**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.**