



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 20TH, 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

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.