

**Tarrant County Fire Chiefs Association  
Charles Gaines Memorial Scholarship**

**Application for Spring \_\_\_\_\_ Fall \_\_\_\_\_ Year \_\_\_\_\_**

**SUBMISSION DEADLINES: Spring, November 1; Fall, May 1**

**SUBMIT BY U.S. MAIL TO:  
Tarrant County Fire Chiefs Association  
P.O. Box 613214  
Dallas, Texas 75261-613214**

An educational scholarship in the amount of \$500 established by the Tarrant County Fire Chiefs Association may be applied for in the following manner:

**I. Eligibility:**

Eligibility requirements are outlined as follows. Any questions concerning eligibility must be decided by the regular membership of the association.

- (1) Applicants who are sworn members or non-sworn members of member departments are eligible for consideration. Applicants applying under this eligibility clause must be employed by a member department.
- (2) Relatives of sworn members may also make application. Relatives must be related to a sworn member employed by a member fire department. This relationship must be spouse, natural child, adopted child, or dependent child of the member. It is the intent of the organization to be inclusive and not exclusive. Any questions concerning eligibility will be addressed at the next regular meeting of the association after the application is received. All members are encouraged to submit the application package where there is a question of eligibility.
- (3) You must be enrolled or accepted for admission in a college, vocational training, or other educational institution approved by the scholarship committee.
- (4) The associated agency's department head must sponsor the applicant.

**II. Application:**

The attached application must be completely filled out by the applicant. Once the application is completed and signed, it should be submitted to the scholarship committee. The names of the members will be supplied to the TCFCA representative from that agency. One copy must be submitted to each member of the committee. The scholarships will be announced at the December meeting for the Spring semester and at the June meeting for the Fall semester. The applicant will be notified of their approval or disapproval.

- (1) This scholarship will be in the amount of \$500 and will be awarded on a semi-annual basis.
- (2) A new application must be completed and submitted each semester.
- (3) The applicant must submit three (3) letters of recommendation from members of the community or from the academic environment.
- (4) The applicant must submit a one page, double spaced, 12 point font essay stating how this scholarship will further their academic career.

**TARRANT COUNTY FIRE CHIEFS ASSOCIATION**

**SCHOLARSHIP APPLICATION**

**MUST BE PRINTED OR TYPED**

**NAME:** \_\_\_\_\_

**LAST**

**MIDDLE**

**FIRST**

**ADDRESS:** \_\_\_\_\_

**STREET ADDRESS**

**APT #**

\_\_\_\_\_  
**CITY**

**STATE**

**ZIP CODE**

**TELEPHONE NUMBER:** (H) \_\_\_\_\_ (B) \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**MONTH**

**DAY**

**YEAR**

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**SEX:** M \_\_\_\_\_ F \_\_\_\_\_

MARTIAL STATUS: SINGLE ( ) MARRIED ( ) DIVORCED ( ) SEPERATED ( )

ANY DEPENDENT CHILDREN: YES ( ) NO ( ) IF YES, HOW MANY: \_\_\_\_\_

HIGH SCHOOL LAST ATTENDED:

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NAME

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STREET ADDRESS

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CITY STATE ZIP CODE

GRADUATE: YES ( ) NO ( )

IF YES, YEAR OF GRADUATION: \_\_\_\_\_

IF NO, LAST GRADE COMPLETED: \_\_\_\_\_

DID YOU RECEIVE A GED CERTIFICATE: YES ( ) NO ( )

IF YES, YEAR RECEIVED: \_\_\_\_\_

LIST ANY OTHER EDUCATION YOU HAVE COMPLETED:

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NAME FROM TO

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NAME FROM TO

---

NAME FROM TO

**(\*\* PLEASE PROVIDE A TRANSCRIPT CONTAINING YOUR CURRENT GPA. YOUR GPA WILL BE CONSIDERED DURING THE EVALUATION PROCESS. \*\*)**

WHAT SCHOOL DO YOU PLAN TO ATTEND:

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NAME

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COMPLETE STREET ADDRESS

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CITY

STATE

ZIP CODE

WHEN DO YOU PLAN TO START:

\_\_\_\_\_ (SPRING, FALL and YEAR, ETC.)

QUARTERS/SEMESTERS YOU WILL BE ATTENDING THIS YEAR:

\_\_\_\_\_

**ANTICIPATED EXPENSES:**

**(Receipts of all expenses will be required.)**

TUITION: \_\_\_\_\_  
PER SEMESTER

ROOM AND BOARD: \_\_\_\_\_  
PER SEMESTER

BOOKS: \_\_\_\_\_  
ESTIMATED COST PER SEMESTER

OTHER: \_\_\_\_\_

**FINANCIAL RESOURCES:**

PLEASE IDENTIFY ANY GRANT, SCHOLARSHIP, OR STUDENT LOAN, OTHER THAN TCFCA, YOU EXPECT TO RECEIVE. IN ADDITION, LIST WHAT THESE FUNDS ARE EXPECTED TO COVER.

<u>NAME</u>	<u>AMOUNT</u>	<u>PURPOSE</u>	<u>DURATION</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY CONTRIBUTIONS: YES ( ) NO ( )

IF YES, AMOUNT PER SEMESTER:

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WILL YOU BE EMPLOYED WHILE ATTENDING?    YES ( )    NO ( )

IF YES:    FULL TIME ( )    PART TIME ( )

AGENCY NAME AND NAME OF SPONSOR AND POSITION OF SPONSOR:

AGENCY \_\_\_\_\_  
NAME \_\_\_\_\_  
POSITION \_\_\_\_\_

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**PERSONAL DATA:**

NAME OF FATHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER:    (H) \_\_\_\_\_    (B) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER:    (H) \_\_\_\_\_    (B) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (H) \_\_\_\_\_ (B) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF STEP-PARENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (H) \_\_\_\_\_ (B) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**TARRANT COUNTY FIRE CHIEFS ASSOCIATION  
STUDENT CERTIFICATION, AUTHORIZATION AND AGREEMENT**

I certify that the information reported in this application for a scholarship grant and any attachments submitted herewith are true, accurate, and complete to the best of my ability.

I authorize use of this information on this form by the Tarrant County Fire Chiefs Association scholarship committee.

I have read the eligibility requirements of this scholarship grant program and agree to the conditions stated herein.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsoring Chief's Signature

\_\_\_\_\_  
Date