

2019 Firefighters Memorial Ride Scholarship

Eligibility: Must be an immediate family member of a Firefighter or EMS worker, employed by a municipality, whether full time, part time or volunteer. The counties in which the family must currently be a resident includes Cuyahoga, Lake, Lorain, Medina, Geauga, Portage and Summit County. The student must be accepted or enrolled as a full time student with an accredited college, university or trade school.

The Firefighters Memorial Ride shall provide a maximum of five - \$1,000 scholarships, made payable to the College, University or Trade School of the chosen finalist's. In the event the selection committee does not select five finalists, the remaining funds may be donated to various charities.

The students must qualify for the Scholarships by meeting certain academic standards and other criteria as independently determined by the selection committee. The decision of the Selection Committee shall be final and the information submitted in the Applications shall remain confidential. All Applications must be received by May 5, 2019. The finalists are requested to be in attendance at the Firefighters Memorial Ride Ceremony at 9:30am on May 26, 2019 to receive the check made payable to the college or university of their choice.

In the event you have any questions, Mr. John Kikol, President of the Firefighters Memorial Ride, can be reached at his office at 440-263-8121 during normal business hours.

The finalist selection committee shall consist of independent volunteers, Chaired by Kim Hudak of Legacy Financial, without any involvement of the officers of the Firefighters Memorial Ride LLC.

Forms are available at [www. firefightersmemorialride.com](http://www.firefightersmemorialride.com)

Firefighters Memorial Scholarship Program Guidelines:

Student information: Name; Address; High School or College/University; birth date; email address, phone contact, parent's name and municipality in which employed.

- 1) Academic Record:**
 - a. Class Rank**
 - b. Cumulative Grade Point Average (School transcript)**

- 2) School Activities (such as athletics, academic clubs, music groups)**

- 3) Outside Activities (Not related to High School / College / University , such as church, music, private athletics and other organizations)**

- 4) Employment History (including employer and phone, dates of employment and average hours worked weekly)**

- 5) Community Service (Types of Community service , dates and contacts)**

- 6) Recognition/Awards and Honors (include both school and outside)**

- 7) Essay indicating why you deserve a scholarship (300 words or less)**

- 8) Counselor Endorsement**

The applicant shall sign a letter authorizing the selection committee the right to verify all information provided and authority to speak with representatives of any of the companies/organizations provided in your scholarship application.

Verification of information provided is necessary for final consideration.

2019 FIREFIGHTERS MEMORIAL RIDE SCHOLARSHIP APPLICATION:

Name (Please Print) _____

Home address _____

City _____ **State** _____ **Zip** _____

Birthdate _____ **Sex** _____

Home Phone _____ **Phone** _____

Email Contact _____

High School or College _____

Parents Name _____

Fire Department/EMS _____

Municipality _____

Direct Supervisor _____

Year's Employed _____ **Phone** _____

Academic Record:

Class Rank _____ **in a class of** _____

Cumulative Grade Point Average _____

Pre College Courses

Career and Technical Programs

Counselors Name and Signature

College/University/Trade School (accepted or enrolled)

Location _____

School Activities

Outside Activities

Employment History (contact information)

Community Service

Recognition/Awards

Counselor Signature and Verification of Information Provided

(Please print name and provide contact information)

Right to verify information provided:

The undersigned applicant does hereby agree that the members if the selection committee members are authorized to verify all information provided in this scholarship application. In the event any information provided is determined to be false or incorrect it will disqualify the application for further consideration.

Applicant Signature _____

Date _____

Mail completed application to:

**Firefighters Memorial Ride Scholarship
C/O Kimberly Hudak
Cetera Advisors, LLC
5171 Wallings Road, Suite 130
North Royalton, Ohio 44133**