

APPLICATION

James R. O'Neil/W. Robert Powers Scholarship Award

New York Metropolitan & New Jersey Chapters

Society of Fire Protection Engineers

PART A - TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: _____

Mailing Address (School): _____

Home (Permanent) Address: _____

From _____ to _____

Previous (Other) Address: _____

From _____ to _____

TELEPHONE NUMBERS (including Area Code):

HOME: _____

SCHOOL: _____

Fire Protection Engineering Program and/or College Program:

Semester Planning To Begin Program: _____ or

Semester Re-Applying For: _____

NUMBER OF FPE Program CREDIT HOURS COMPLETED To Date: _____

NUMBER OF Other College CREDIT HOURS COMPLETED To Date: _____

Most Current CUMULATIVE Grade Point Average:

____ OUT OF A POSSIBLE ____ . Institution: _____

PART B - TO BE COMPLETED BY THE APPLICANT:

The purpose of the James R. O'Neil/W. Robert Powers Scholarship is to promote the field of fire protection engineering to those individuals not currently employed therein. The program is designed to assist individuals with a bona fide financial need in pursuing such a career. The Scholarship will be awarded to the most qualified applicant as stated in the enacting resolution, and without regard to any other factors.

Initial applicants must include background and a response to the following questions in a detailed LETTER OF INTRODUCTION:

- a. When did you first become interested in pursuing a career in the field of Fire Protection Engineering and what were the circumstances behind your decision?
- b. Please list and briefly explain, in order of your perceived importance, any past experience and/or accomplishments that you feel will make you successful in the field of Fire Protection Engineering .
- c. What are your current educational and career goals, both short term (1-5 years) and long term (5 plus years)?
- d. Why are you applying for this Scholarship?
- e. Have you applied for any other Scholarships?
- f. Have you received any other Scholarships? If so, which ones?
- g, Your response may also include other interests and activities that would demonstrate your probability for success.

PART C - TO BE COMPLETED BY PROGRAM CHAIRMAN OR ADVISOR AND RETURNED DIRECTLY TO THE SCHOLARSHIP COMMITTEE:

Applicant: _____

In the space provided below, or a separate letter, briefly discuss why you consider this individual deserving of the James R. O'Neil/W. Robert Powers Scholarship. Your letter should discuss past accomplishments and your assessment of the applicant's probability for completing his/her academic requirements.

Signature: _____ Date: _____

Name: _____

Title: _____

Institution: _____

PART D - Disclaimer and acknowledgment to be read and signed by Applicant:

DISCLAIMER - THE SCHOLARSHIP YOU ARE APPLYING FOR IS COMPETITIVE IN NATURE. THE SCHOLARSHIP WILL BE AWARDED BASED ON PAST ACADEMIC ACHIEVEMENT AND THE DEMONSTRATED PROBABILITY FOR ACADEMIC SUCCESS. THE SCHOLARSHIP WILL BE AWARDED TO THE MOST QUALIFIED APPLICANT AS EVALUATED IN ACCORDANCE WITH THE ENACTING RESOLUTION, WITHOUT REGARD TO ANY OTHER FACTOR(S). COMPLETION OF THIS FORM IN NO WAY IMPLIES OR GUARANTEES ELIGIBILITY OR RECEIPT OF A SCHOLARSHIP. THE DECISION OF THE COMMITTEE IS FINAL. THE COMMITTEE RESERVES THE RIGHT TO REVOKE SCHOLARSHIPS IN THE CASE OF MISREPRESENTATION OF FACT. THE COMMITTEE RESERVES THE RIGHT TO AWARD NO SCHOLARSHIP IF NO QUALIFIED APPLICANTS ARE IDENTIFIED.

SUBMITTAL - AFTER COMPLETING THIS APPLICATION, PLEASE FORWARD THE COMPLETED APPLICATION PACKAGE AND SUPPORTING DOCUMENTATION TO YOUR SCHOOL ADVISOR OR PROGRAM CHAIRMAN FOR A LETTER OF RECOMMENDATION.

The Completed Application Shall Include:

1. The above-mentioned personal information (Part A).
2. Letter of Introduction answering the above questions (Part B).
3. Letter of Recommendation from a high school or college (as appropriate) official (Part C).
4. Complete academic transcripts of most recent college level or high school courses.
5. Copies of supporting documentation (*e.g.* drivers license) which indicates proof of permanent residency.
6. Signature below.

The completed application and all documents should be sent under single cover to:

NJ SFPE
P.O. Box 8268
Parsippany, NJ 07054
Attn: Ms. Vicki Serafin

ACKNOWLEDGMENT - I HAVE READ AND UNDERSTAND THE COMPLETE APPLICATION AND DISCLAIMER, AND TO THE BEST OF MY KNOWLEDGE MEET ALL ELIGIBILITY REQUIREMENTS FOR SCHOLARSHIP CONSIDERATION. I HEREBY ATTEST THAT THE INFORMATION SUBMITTED HEREIN IS BOTH TRUE AND ACCURATE.

Signature _____ Date: _____