



### **MILWAUKEE BROTHERHOOD OF FIREFIGHTERS SCHOLARSHIP PROGRAM**

THE MBFF SCHOLARSHIP PROGRAM WAS ESTABLISHED TO HELP DISADVANTAGED STUDENTS AFFORD THE COST OF HIGHER EDUCATION. THE SCHOLARSHIPS WILL BE FOCUSED ON AFRICAN AMERICAN STUDENTS PURSUING A DEGREE IN FIRE SCIENCE AND EMERGENCY MEDICINE AT AN ACCREDITED INSTITUTION. A MINIMUM OF THREE SCHOLARSHIPS WILL BE AWARDED EACH YEAR IN THE AMOUNT OF \$500. SCHOLARSHIPS ARE FUNDED BY M.B.F.F. CALENDAR SALES, HOLIDAY PARTY AND INDIVIDUAL CONTRIBUTIONS.

#### **ELIGIBILITY REQUIREMENTS**

TO PARTICIPATE IN THE COMPETITION STUDENTS MUST BE A CITY OF MILWAUKEE RESIDENT, A HIGH SCHOOL SENIOR OR CURRENTLY ENROLLED IN A FIRE SCIENCE DEGREE PROGRAM, EMT OR PARAMEDIC CLASS AT AN ACCREDITED INSTITUTION. HAVE A CUMULATIVE G.P.A. OF 2.5 OR BETTER AT THE TIME THE APPLICATION IS COMPLETED.

#### **SELECTION CRITERIA**

THE M.B.F.F. SCHOLARSHIP COMMITTEE IS SOLELY RESPONSIBLE FOR SCREENING EACH APPLICANT AND SELECTING THE WINNERS. RECIPIENTS OF THE AWARDS WILL BE CHOSEN ON THE BASIS OF THEIR WRITTEN ESSAY AND ORAL INTERVIEW. ANY MISSING, INCOMPLETE, DISORGANIZED, LATE DOCUMENTS, OR DOCUMENTS NOT TYPED (EXCLUDING THE SCHOLARSHIP APPLICATION) WILL DISQUALIFY THE APPLICANT.

#### **NOTIFICATION AND AWARD DISTRIBUTION**

ONLY STUDENTS WHO ARE CHOSEN WILL BE NOTIFIED BY U.S. MAIL AND EMAIL. THE WINNING RECIPIENTS MUST: BE ACCEPTED AT AN ACCREDITED SCHOOL, SUBMIT A COPY OF THE ACCEPTANCE LETTER AND REGISTRATION FORM TO VERIFY ENROLLMENT BEFORE THE SCHOLARSHIP IS AWARDED. ALL SCHOLARSHIP RECIPIENTS MUST ATTEND THE M.B.F.F. ANNUAL AWARDS AND RECOGNITION RECEPTION IN SEPTEMBER.

#### **INSTRUCTIONS**

STUDENTS MUST SUBMIT A 500 WORD ESSAY ON " THE IMPORTANCE OF COMMUNITY SERVICE " A LETTER OF ACCEPTANCE FROM THEIR CHOSEN COLLEGE , TWO LETTERS OF RECOMMENDATION, OFFICIAL HIGH SCHOOL OR COLLEGE TRANSCRIPT. THE COMPLETED APPLICATION MUST BE EMAILED BY MIDNIGHT OF APRIL 1st TO **MKEBROFF@GMAIL.COM**

\* APPLICATION MAY BE DOWNLOADED FROM THE M.B.F.F. WEBSITE ([mbff.org](http://mbff.org)) 414-604-MBFF (6233)

Applicants Name: \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Are you a full-time student? Yes or No (*if yes please provide current school schedule*)

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime

Phone: \_\_\_\_\_

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

Current Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

\*Ethnicity: \_\_\_\_\_ (optional)

**\*\*attach all forms**

**\*\*info due by April 1st 2020**