

# Jeanie Allen FFCC Memorial Scholarship

SWLA Firefighters Association

## QUALIFICATION REQUIREMENTS

Applicant must possess good character, ambitious purpose and positive qualities; should have participated in extracurricular activities; and should be capable of taking advantage of educational opportunities to enhance personal excellence and contribute to his/her community.

This scholarship is open to the children of fallen firefighters, whether if death occurred in the line of duty, or from other causes while employed as a firefighter, or disease subsequent to employment as a firefighter. This scholarship is also open to children of firefighter's currently battling cancer.

Nominations must be in writing and emailed to:

Cheri Ardoin <[theprincess@suddenlink.net](mailto:theprincess@suddenlink.net)> or by mail to

Cheri Ardoin, SWLA Firefighters Assn, 1320 West Sale Road, Lake Charles, LA 70605.

**Verification** Application must provide letter of verification of late parent's status as a municipal, industrial or volunteer firefighter, and their cause of death or current cancer treating physician.

### **ACT Test Score**

Applicant must have a minimum composite score on the ACT Test of 16 *{this is minimum to enter most colleges, you might find out equivalent SAT score for those using that}*

### **Grade Point Averages**

Student must have and maintain a 2.5 or better GPA (based on 4.0) per semester and cumulative.

### **College Status**

Must be a full-time student (minimum 12 hours per semester) or graduate student accepted to or currently attending a fully accredited college. (Pass/Fail and Remedial Courses do not apply to total hours requirement or GPA). It is recommended that students carry a minimum of 15 hours so that they do not lose their scholarship in the event that a course is failed or dropped. Institutions operating on a quarterly system have minimum fewer full-time hours per quarter.

## APPLICATION PROCEDURE

Please mail the following to the address above **in one envelope**:

1. Completed Scholarship Application Form
2. A copy of at least a seven-semester high school transcript
3. Evidence of acceptance in college (high school students) and College registration for upcoming semester (already attending college)
4. A current college transcript, if applicable
5. Two letters of recommendation
6. Verification of parent's status as a firefighter and death or treatment status.
7. A short, written statement about yourself, your firefighter parent and your aspirations for the future.
8. A copy of parent's last IRS Tax Return (student's, if independent)\*  
(you do not need to include schedules) *\*Furnishing this information is optional. However, if there are more qualified applicants than funds available, consideration will be made on the basis of need first.*

The Scholarship Committee will review the application, the scholastic records, recommendations and family or individual income, if provided, to determine student's eligibility. Selection is based upon academic achievement, student's goals to give back to their community, and then financial need.

When determined, recipients will be notified by letter. Selectee must respond in writing his/her acceptance of the conditions by signing and returning Grant Letter of notification.

Each Scholarship period is for Fall of the application year and Spring of the upcoming year, in the amount of \$500 per semester (not subject to reduction due to receipt of other scholarships, grants, loans or TOPS awards.) Scholarships are not given for Summer semesters. Funds will be paid directly to educational institution to be applied to documented expenses only (tuition, books, general educational expenses, and living expenses incidental to the pursuit of a degree). Funds will only be available as long as scholarship account is funded by donations to continue.

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## CONTINUING COMPLIANCE PROCEDURES

### At the End of Each Semester:

The scholarship grant period is for the Fall semester of the application year and the Spring semester of the upcoming year.

Within 30 days after the end of each semester, recipient must supply the Foundation with:

1. Transcript reflecting (a) student name, (b) courses taken, (c) semester and cumulative grade point averages, (d) hours earned, and (e) college or institution name
2. Registration, fee bill or other proof of enrollment for the upcoming semester

### Before June 15 of Each Scholarship Grant Year:

Prior to June 15, recipients must reapply for the next school year by furnishing to the Foundation:

1. Written request to advise you wish to receive scholarship in upcoming Fall-Spring year, updates of address, phone number, email, and other important information for our files.
2. Evidence of college registration for the upcoming semester. This confirmation should reflect (a) student name, (b) courses and hours as registered, and (c) college or institution name, address and contact numbers.

## PROBATION

A recipient may be placed on probation if during any semester for which applicant has received scholarship funds he/she fails to:

1. Maintain minimum semester grade point average of 2.5
2. Maintain minimum cumulative grade point average of 2.5
3. Maintain or pass minimum of 12 credit hours

Our protocol requires that students who receive scholarship funds must meet minimum standards regarding grade point averages and hours earned. Recipients on probation are not required to reimburse scholarship funds advanced for the semester in which they failed to comply. However, the procedure in place provides that students have a probationary semester not funded in which to bring their status up to approved standards for this scholarship. When proof of compliance has been furnished, then reinstate the scholarship may be considered for the next semester. Two consecutive semesters of non-compliance result in student ineligibility to reapply for this scholarship.

Medical and military deferments are available in special cases. Documentation is required from a treating physician and granting of deferments is determined by individual case basis on information provided.

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## SCHOLARSHIP APPLICATION

Application Date \_\_\_\_\_

Scholarship Assistance Requested For:

[ ] Fall 20\_\_\_\_ [ ] Spring 20\_\_\_\_

IMPORTANT: Please read carefully and complete fully. Use reverse or attach additional sheets, if required.

Student Name (Mr) (Ms) (Mrs)	Soc Sec _ (last 4 digits only)  *** _ ** _ _____
Permanent Mailing Address (include city & zip code)	Area Code/Phone _  Alternate Phone _  email address:
Deceased Parent's Name	Student's Date of Birth
High School	Date of High School Graduation
ACT Composite Score (Minimum Accepted 16)  Date of Test	G.P.A. (Minimum 7 semester)
Extracurricular, Sports, Clubs, Community Service	Special Activities/Honors

College	Education Objective <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Other _____
Major Field of Study	Secondary
Other Colleges & Vo-tech schools attended	Courses/Dates
_____	_____
_____	_____
_____	_____
_____	_____
Other Financial Aid (Grants, Scholarships, Loans)	Amount/Dates
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

(attach additional sheets if necessary)

(Married and Independent students need not complete the right side of this section.)

Student's Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed	Custodial Parent's Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed
Spouse's Name	Parents/Guardians Names
Student's Occupation	Father's Occupation
Spouse's Occupation	Mother's Occupation
Names & Ages Student's Children/Dependents	Names & Ages Parents' Children/Dependents

Total _ of Persons Residing in Household	Total _ of Persons Residing in Household
Does anyone else contribute to your (or your family's) support in any way? If yes, explain.	Does a non-custodial parent or anyone else contribute to student's support in any way? If yes, explain.
Estimated Current Year Annual Family Income \$	Estimated Current Year Annual Family Income \$
Last Year Adjusted Gross Family Income from IRS 1040 or 1040A \$	Last Year Adjusted Gross Family Income from IRS 1040 or 1040A \$
Please explain reasons for any significant changes	Please explain reasons for any significant changes

Please attach statement in student's own words reasons for making this application, personal goals and career ambitions. Also tell us briefly about your firefighter parent that has passed or is battling cancer.

I have carefully read and understand the terms and conditions governing this scholarship. I have answered all questions honestly, and submit this application through my own initiative. I agree that funds received will be used for instructional and related living expenses purposes only. If selected, I understand that the scholarship board may take reasonable and appropriate steps to recover funds if I fail to meet scholarship requirements or to ensure the restoration of funds to proper purposes, including legal action if necessary.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature (if applicable)

Mail completed Scholarship Application form, along with required attachments *in one envelope* to:

**SWLA FF Association**  
1320 West Sale Road  
Lake Charles, LA 70605

Questions: Cheri' Ardoin  
theprincess@suddenlink.net  
337-884-6192 phone