FIREVEST APPLICATION

CHECKLIST

Use this checklist to insure that you have filled out all required forms and done the necessary steps for consideration of a FireVEST Scholarship.

Retain this checklist and a copy of all of your application materials for your own records.

Separately:

_____ Applied to CCAC by completing the Application for Admissions (either online at www.ccac.edu or in paper format and submitted it). NOTE: If you are unsure that you have applied, call your campus Registration office to check.

_____ Completed the financial aid process by completing the current FAFSA (online at www.fafsa.ed.gov). NOTE: If you are unsure that you have applied, call your campus Financial Aid office to check.

FireVEST Application Packet:

_____ Completed the 2-page ***FireVEST Application***.

_____ Had your chief complete, sign, and date the ***Volunteer Service Agreement—Sponsoring Agency*** form.

_____ Completed, signed, and dated the ***Volunteer Service Agreement—Volunteer*** form.

_____ Had your chief complete, sign, and date the ***Sponsoring Agency Verification & Tracking*** form.

_____ Read, completed, signed, and dated the ***Certification of Information/FERPA—Release of Academic and Financial Records*** form.

_____ Completed, signed, and dated the 2-page ***Letter of Reference*** form for each person you are asking to recommend you and obtained the completed forms from each person.

_____ Made a copy of the entire application for your own records.

_____ Dropped off or mailed (postmarked by the deadline date) the completed FireVEST application packet to:

Allegheny County Fire Training Academy
c/o FireVEST Advisory Board
700 West Ridge Road
Allison Park, PA 15101

FIREVEST APPLICATION

READ CAREFULLY

E-Mail Completed Application to:

Glenn Kopec
c/o FireVEST Advisory Board
firevest@alleghenycounty.us

Applications are due:
May 15 – For Fall Admission (August)
November 15 – For Spring Admission (January)

The FAFSA should be filed *no later than two weeks before* the application deadline.

FAFSA: Free Application for Federal Student Aid (available online at www.fafsa.ed.gov)

Note: *If you have any questions, need application materials, or want to request additional information, contact (724) 325-6626*

NOTE: You must separately complete the CCAC application for admission (available online at www.ccac.edu) and the financial aid process (www.fafsa.ed.gov) before applying to the FireVEST scholarship program.

APPLICANT NAME: _____

Last, First, Middle

Check One: *Associate's Degree* _____ *Certificate Program* _____

_____	_____	_____
Course of Study	***Estimated Credits Required***	***Estimated Completion Date***

Firefighter I Certification (Pro-Board/IFSAC or both) is required to be completed within 2 years of the start of the FireVEST Scholarship Program.

If you have completed Firefighter I Certification please provide a copy of it with this application.

Check One: _____ **Copy Provided**

_____ **I shall complete within 2 years of acceptance**

Updated 1.27.2022 aet

FIREVEST APPLICATION

Applicant Name: _____

D.O.B. _____ - _____ - _____

Month **Day** **Year**

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Phone #'s: **H:** _____ **W:** _____ **C:** _____

Email: _____

Sponsoring Agency: _____

Fire Chief: _____

Date Joined: _____

Check this box IF ☐ **you are in a LIVE-IN PROGRAM with your fire department.**

Explain how this program fits with your own educational, professional, and/or personal goals.
(Attach additional pages, as necessary)

Describe your plan for balancing commitments at home, work, school, and the sponsoring agency.
(Attach additional pages, as necessary)

Note: It is the responsibility of the FireVEST scholarship recipient to provide all required materials to the appropriate people by the deadlines set in order to remain eligible for continued sponsorship. This includes, but is not limited to any changes of address or name.

CHIEF: Check one:

_____ ***New Recruit***—a member of no more than six (6) months in good standing of a volunteer fire department/company.

_____ ***Active Firefighter—***actively involved in fire dept/co of more than six (6) months in good standing; trained to perform the function of fire prevention and suppression, and performs to their own department's minimum standards.

FIREVEST: Volunteer Education, Service & Training Scholarship Program

VOLUNTEER SERVICE AGREEMENT—SPONSORING AGENCY

SPONSORED BY: County Executive Rich Fitzgerald, Community College of Allegheny County (CCAC), and the Allegheny County Fire Academy

APPLICANT NAME:			
APPLICANT D.O.B:			
SPONSORING AGENCY:		**Station #:**	
FIRE CHIEF NAME (Print):		**CHIEF'S PHONE #:**	
CHIEF'S EMAIL:			
COURSE OF STUDY:		Full Time Part Time	

INSTRUCTIONS: To be filled out once at time of application.

Volunteer is to fill out the top portion of this form. • **Fire Chief** is to initial each statement below, sign, and date this form.

As a Sponsoring Agency, we commit to provide the following to the FireVEST Volunteer and, when applicable, to the Advisory Board:

Initial next to each statement below.

____ Confirmation that the candidate has met all local requirements for acceptance into the membership of the Sponsoring Agency through the Sponsoring Agency Verification and Tracking Form.

____ A clear explanation of the Sponsoring Agency's requirements that the candidate must fulfill prior to, during, and following their course of study.

____ A copy of Sponsoring Agency by-laws, standard operating procedures, or other duties and requirements.

____ Proper personal protection equipment.

____ Qualified training commensurate with agency, local, county, state, and national standards.

____ The Sponsoring Agency Verification and Tracking Form submitted on a semester basis to the FireVEST Advisory Board, indicating whether the FireVEST Volunteer is providing the Sponsoring Agency with an appropriate and acceptable level of volunteer service.

____ Opportunities for development, advancement in rank, varied experiences, and further training.

Fire Chief Signature _____ Date _____

FIREVEST: Volunteer Education, Service & Training Scholarship Program

VOLUNTEER SERVICE AGREEMENT– VOLUNTEER

SPONSORED BY: County Executive Rich Fitzgerald, Community College of Allegheny County (CCAC), and the Allegheny County Fire Academy

APPLICANT NAME:			
APPLICANT D.O.B:			
SPONSORING AGENCY:		**Station #:**	
FIRE CHIEF NAME (Print):		**CHIEF'S PHONE #:**	
CHIEF'S EMAIL:			
COURSE OF STUDY:		Full Time Part Time	

INSTRUCTIONS: To be filled out once at time of application.

Volunteer is to fill out this page in its entirety • Initial each statement below • Sign and date this form.

As a FireVEST Volunteer for the sponsoring agency, I agree to the following:

Initial next to each statement below.

____ I agree to apply for all available sources of financial aid via the standard FAFSA (Free Application for Federal Student Aid) form and will use FireVEST funds only to supplement any costs not covered by other sources of financial aid, and only after other such resources have been exhausted.

____ I agree to fulfill the Sponsoring Agency's volunteer activity and training requirements prior to, during, and following my course of study through the end of my service obligation.

____ I agree to a volunteer service term of five years from the date of the start of the scholarship.

____ I understand and agree that CCAC, the FireVEST Advisory Board, the Fire Academy, and possibly certain other County of Allegheny offices, divisions, or departments will share my academic, financial, and volunteer firefighter service records and information in the necessary facilitation of such information, to determine my initial and continued eligibility for scholarship assistance throughout all relative enrollment within the FireVEST program.

____ I agree to reimburse CCAC for any and all funds received under the FireVEST program in the event that I do not fulfill my volunteer service commitment and/or maintain academic standards as established in the *FireVEST Scholarship Student Guide*. I understand that the college shall have the right to employ a collection agency and/or any other legal means to collect this debt, and assess against me all expenses incurred, including, without limitation, reasonable attorney's fees.

FireVEST Volunteer Signature _____ Date _____

FIREVEST: Volunteer Education, Service & Training Scholarship Program

SPONSORING AGENCY VERIFICATION & TRACKING FORM

SPONSORED BY: County Executive Rich Fitzgerald, Community College of Allegheny County (CCAC), and the Allegheny County Fire Academy

APPLICANT NAME:			
APPLICANT D.O.B:			
SPONSORING AGENCY:		**Station #:**	

This section to be filled out by the Chief of the Sponsoring Agency

FIRE CHIEF NAME (Print):		**PHONE #:**	
FIRE CHIEF EMAIL:			

INSTRUCTIONS: Each semester, Fire Chief is to fill out this form in its entirety for each FireVEST participant in the Sponsoring Agency. Sign and date below. Return form to the FireVEST Advisory Board (address below).

In accordance with the requirements for the completion of the FireVEST Scholarship Program, I affirm that

a **new recruit*** **Date:**

an **active firefighter****

terminated service on: _____

_____
Print name of Applicant

_____ in the municipality/borough of _____
Print name of Sponsoring Agency

_____ and that this applicant has met all service requirements to maintain eligibility and is performing to the department's minimum standards.
Print name of Municipality or Borough

*A ***new recruit*** is defined as "a member of no more than six (6) months in good standing of a volunteer fire department/company."

An ***active firefighter* is defined as one who:

- Is actively involved in his/her fire department/company of more than six (6) months in good standing
- Is trained to perform the function of fire prevention and suppression, and
  a. Knows the department's organization structure
  b. Performs all duties safely
  c. Responds to alarms or fires or other emergencies
  d. Is able to use personal protective equipment
  e. Performs to their own department's minimum standards.

NOTE: If you are the chief or related to the chief, another authorizing agent must complete this form.

_____ _____
Fire Chief Signature—Sponsoring Agency Date

FOR OFFICE USE ONLY

SEMESTER *Check appropriate semester*

Fall

Spring

_____ **YEAR** _____ **COMMENTS**

FIREVEST: Volunteer Education, Service & Training Scholarship Program

Certification of Information

By signing below, I hereby certify that the information supplied in this application is true to the best of my knowledge. I further understand that the credentials filed in support of this application will become the final property of the Community College of Allegheny County and/or also that of any applicable office, division, or department of Allegheny County.

FERPA—Release of Academic and Financial Records

I hereby understand and agree that it will be necessary for the Community College of Allegheny County ("CCAC"), the Fire Academy, the FireVEST Advisory Board, my sponsoring agency, and possibly other Allegheny County offices (as indicated above), to share various records and personal information of mine in order to determine my initial and continued eligibility for scholarship assistance as relative to my application to and enrollment in the FireVEST program.

I acknowledge that such information and records may include, but not necessarily be limited to:

- Education and/or academic records, such as transcripts and attendance
- Financial information (financial aid information and/or determination)
- Other protected personal information (as defined by FERPA*)
- Volunteer firefighter service records

By signing below, I hereby provide my permission for any and all pertinent information and/or records to be released and/or shared accordingly.

Signature: _____ **Date:** _____

Name: _____ **D.O.B.** _____

Please print name

*The Community College of Allegheny County is subject to the provisions of and complies with the Family Education Rights and Privacy Act of 1974 ("FERPA"). A statement of the college policy can be found in the student handbook and college catalog. FERPA defines an "educational record" as "those records, files, documents, and other materials" that (1) "contain information directly related to a student;" and (2) "are maintained by an educational agency or institution or by a person acting for such agency or institution."

LETTER OF REFERENCE FORM

For recommendation to the FireVEST Program

GENERAL

- At least one (1) letter of reference must be submitted to apply for the FireVEST program.
- Up to three (3) letters of reference may be submitted.

SELECTING AN APPROPRIATE REFERENCE

- All applicants may submit a reference from an employer, work colleague, or any other **non-family** member.
- **Letters from friends or family members are not acceptable**.
- Individuals providing letters of reference must be familiar with your character and abilities.

SUBMITTING THIS FORM

- The applicant should complete Section I of this form.
- This form, with Section I completed, and a self-addressed stamped envelope (s.a.s.e.), should be given to the person who has agreed to provide a letter of reference ("the recommender").
- The recommender should complete Section II of this form and send it in the s.a.s.e., sealed, and signed over the seal, back to the applicant.
- The applicant should include this letter of reference (in its unopened, sealed, and signed envelope) with his/her application materials.

SECTION I: *TO BE COMPLETED BY THE APPLICANT*

Name: _____

Last *First* *Middle*

D.O.B _____ _____ _____

Month *Day* *Year*

RIGHT OF ACCESS WAIVER

FireVEST program participants have access to the information in their files as maintained by CCAC and the Fire Academy. However, many recommenders choose not to provide letters of reference unless the confidentiality of those letters is ensured. Therefore, as provided for under the Family Educational and Privacy Act of 1974, the FireVEST program requests that the applicant complete the section below, indicating whether or not s/he waives his/her right to review this letter of reference. All letters of reference will be given equal consideration by the FireVEST Advisory Board, without regard to the applicant's decision as indicated below.

I do waive my right of access to this letter of reference. This letter **is strictly** confidential.

I do not waive my right of access to this letter of reference. This letter **is not** confidential.

Applicant's Signature: _____ **Date:** _____

LETTER OF REFERENCE FORM

For recommendation to the FireVEST Program (p2)

SECTION II: *TO BE COMPLETED BY THE RECOMMENDER*

Please type or print.

Applicant Name: _____

Applicant D.O.B. _____

Recommender Name: _____ **Phone (W):** _____

Address: _____ **Phone (H):** _____

_____ **Email:** _____

Position/Title: _____

Organization: _____

Relationship to Applicant: _____

How long have you known this applicant? _____

Complete the following table. Indicate your ratings with an "X" in the appropriate boxes.

	Excellent	Very Good	Good	Fair	Poor
Ability to handle stress					
Responsibility and Accountability					
Reliability					
Time Management					
Attendance Record					

Include a brief description of (1) this applicant's strengths and weaknesses, and (2) why you are or are not recommending this applicant for the FireVEST program.

(Continue on the back of this form or attach an additional sheet of paper)

Check the level at which you recommend this applicant for the FireVEST program.

____ Strongly recommend

____ Recommend

____ Recommend with reservations

____ Do not recommend

Recommender's Signature: _____ **Date:** _____