

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

Application Checklist

Mail Completed Application to:

All of the following are to be mailed together to **the Fire Academy:**

- FireVEST Application with Training Timeline
- Volunteer Service Agreement—Sponsoring Agency
- Volunteer Service Agreement—Volunteer
- Certification of Information & FERPA
- Letter(s) of Reference

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

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 the Fire Academy at:

(412) 931-3158, ext. 5.

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

Instructions: include training that has been completed as well as tentative dates for any upcoming planned training you will be taking.

Training Timeline

Must complete all training within 2 years of entry into FireVEST Scholarship Program

	<i>Please Circle One</i>			<u>Year</u>
	Spring	Summer	Fall	_____
Introduction to the Fire Service	Spring	Summer	Fall	_____
HazMat Awareness	Spring	Summer	Fall	_____
Fireground Support	Spring	Summer	Fall	_____
Exterior Firefighter	Spring	Summer	Fall	_____
HazMat Operations	Spring	Summer	Fall	_____
Interior Firefighter	Spring	Summer	Fall	_____
CPR	Spring	Summer	Fall	_____
First Aid Training (or higher)	Spring	Summer	Fall	_____
Firefighter I Certification (Pro-Board/IFSAAC or both)	Spring	Summer	Fall	_____

(Level of training subject to your sponsoring agency's requirements)

Provide a copy of completed certification.

Check One: Associate's Degree Certificate Program

Check One: Full-time Part-time

Course of Study

**Estimated Credits
Required**

**Estimated
Completion Date**

FIREVEST APPLICATION

Application Information

Applicant Name: _____

D.O.B.

--	--	--	--	--	--	--	--	--

Month

Day

Year

Address: _____

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:	Fire Dept/Co #:		
FIRE CHIEF NAME (Print):			
COURSE OF STUDY:			<input type="checkbox"/> Full Time <input type="checkbox"/> 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

FOR OFFICE USE ONLY:	
DATE OF THE START OF APPLICANT'S SCHOLARSHIP:	Verified by:

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:	Fire Dept/Co #:
FIRE CHIEF NAME (Print):	
COURSE OF STUDY:	<input type="checkbox"/> Full Time <input type="checkbox"/> 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 Recipient's 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

FOR OFFICE USE ONLY:

DATE OF THE START OF APPLICANT'S SCHOLARSHIP:

Verified by:

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:		Fire Dept/Co #:
FIRE CHIEF NAME (Print):		
INSTRUCTIONS: <u>Each semester</u> , 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		
_____	<input type="checkbox"/> a new recruit	
Print name of Applicant	<input type="checkbox"/> an active firefighter	
	<input type="checkbox"/> terminated service on: _____	Date: _____
_____	in the municipality/borough of	
Print name of Sponsoring Agency		
_____	and that this applicant has met all service	
Print name of Municipality or Borough		
requirements to maintain eligibility and is performing to the department's minimum standards.		
<input type="checkbox"/> A new recruit is defined as "a member of no more than six (6) months in good standing of a volunteer fire department/company."		
<input type="checkbox"/> 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.		
IMPORTANT NOTE: If Chief is a relative or spouse, signature <u>must</u> come from another authorized agent such as the Assistant Chief or Board President.		
_____	_____	Date
Fire Chief Signature—Sponsoring Agency		
FOR OFFICE USE ONLY		
SEMESTER <i>Check appropriate semester</i>	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Comments:
YEAR: _____		
Verified by: _____		Date: _____

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: _____