



Kimball L. Glass

Scholarship

In order to perpetuate his memory the Kimball L. Glass Scholarship was formed in 2005, \$500 in scholarship money is given each year to a member of a Volunteer Rescue Squad, a Junior Squad, Auxiliary member or a dependent of a member.

The scholarship money comes from donations. We ask for donations from Squads, Auxiliaries, Junior Squads, Districts, businesses, and individuals. We need donations each year to continue to award this scholarship.

To be eligible for the scholarship:

You must have been a member of the VAFR, Auxiliary to the VAFR, or the JRVAFR for at least 2 years, or be a dependent of a person who has been a member for at least 5 years.

You must be entering an EMS OR medical field. (Paramedic, Nurse, Medical Doctor, etc.)

You must be accepted at a fully accredited college or University or waiting acceptance at an institution that meets these criteria. (The scholarship will not be awarded until you have been accepted. A copy of your acceptance letter required to be attached to the application.)

YOU MUST SUBMIT A PICTURE OF YOURSELF WITH THE APPLICATION OR IT WILL NOT BE CONSIDERED.

Priority will be given to eligible District 5 members or their dependents. If no qualified applicants from District 5, other applicants will be considered.

Applications must be received by April 29. The Scholarship Committee will decide the winner, which will be announced at the July District 5 meeting. The check will be made payable to the college or University.

Applications can be obtained from the District 5 Vice President or by contacting the VAFR State Office at 1-800-833-0602. Applications are also available on our website.

www.vavrs.com.

Kimball L. Glass Memorial Scholarship Application

The Virginia Association of First Responders District 5 will award a deserving squad, auxiliary, junior member, or dependent that meets the requirements, a scholarship for his/her education beyond high school.

Any eligible person interested in being considered for this scholarship is required to complete the form below. Fill in all information requested. The information is confidential. Only the scholarship committee will be permitted to read it. These forms are due to the District 5 Scholarship Chair by April 29th each year.

Name: _____

Address: _____ (City) _____

Email Address: _____

Home Phone Number: _____ Date of Birth: _____ Age: _____

Social Security Number: _____ Marital Status: _____

Father's/Husband's Name: _____ Occupation: _____

Mother's/Wife's Name: _____ Occupation: _____

Are you a member of a Rescue Squad? Yes _____ No _____

If no, please list parent or guardian who is: _____

Name of Squad: _____

Number of years of service: _____

All current certifications: _____

****Please send a letter of recommendation from the President or Captain (or equivalent) describing the current member's status. (REQUIRED)**

****A PHOTO ID MUST BE INCLUDED WITH THE APPLICATION OR IT WILL NOT BE CONSIDERED. (REQUIRED)**

Total household income; including salary, child support, alimony, trust fund, interest, dividends, disability payments, social security, etc.: _____

Number of people who are dependent on this income: _____

Number of brothers and/or sisters: _____ Ages: _____

Schools attended or now attending or will be attending:

High School: _____

Address: _____

Year of Graduation: _____

College/University: _____

Address: _____

Year of Graduation or Expected Year of Graduation: _____

I have been accepted for admission at: _____

Address of College/University: _____

Student ID # _____

What is the basic cost per semester? _____

Did you apply for financial aid? Yes _____ No _____

If no, why? _____

Estimate year's annual school expenses and sources of funding:

Expenses

Income

Tuition: _____

Fees: _____

Room & Board: _____

Personal Expenses: _____

Total Expenses: \$ _____

Cash on hand: _____

Parents' contributions: _____

Other contributions: _____
(Please specify) _____

Other loans: _____
(Please specify) _____

Other Scholarships: _____

Total Income: \$ _____

Please list other financial aid you expect to receive (family members, bank loans, scholarships, etc.): _____

List scholarship for which you applied and/or won. Tell name of scholarship, amount, and when it was received: _____

High School and College/University (if in college now):

Grades **TRANSCRIPT REQUIRED** G.P.A. _____ SAT _____

Extracurricular activities:

Sports:

On a separate sheet of paper please write an explanation why you need scholarship assistance.

You may also attach any letters of recommendation (Teacher, etc.) or any other information that you feel may be helpful.

Please return to: Mr. John McKinney
Kimball Glass Scholarship Chair
714 Vicar Rd.
Danville, VA 24540

Must be received by: April 29

FORM MUST BE COMPLETELY FILLED OUT OR WILL NOT BE CONSIDERED.