

FOOTSTEPS FOR THE FALLEN SCHOLARSHIP FUND

P.O. Box 103 • LA PORTE, TEXAS 77572-0103

INFO@FOOTSTEPSFORTHEFALLEN.ORG

SCHOLARSHIP APPLICATION

Selection Process:

- Dependent of a current, retired or deceased State of Texas Firefighter, EMS First Responder or Law Enforcement Officer
- The applicant must attend an accredited university, junior or senior college, qualified applicants can reapply yearly until the age of 21.
- Become and remain a full time student for two semesters at an accredited institution
- Not an immediate family member of a Board of Director or Scholarship Committeeman for Footsteps For The Fallen

Instructions:

Please complete and return application along with all accompanying paperwork to the address shown by **March 1**

Attach the following to the application:

- An official copy of your high school transcript along with your standardized test score (ACT or SAT)
- A separate two page, double spaced essay, font size 10 in Times New Roman, telling us about your life, school years, life dreams and why you feel you should be awarded a Footsteps For The Fallen scholarship
- Provide proof of certification from Texas Commission on Fire Protection "TCFP" or Texas Department of Health "TDH" or Texas Commission on Law Enforcement "TCLOE" or date of retirement or death certificate
- A separate sheet describing any extenuating circumstances you would like the Scholarship Committee to know about. (optional)

Date:

Applicants full name:

Applicants date of birth:

Applicants phone number:

High school:

Applicants mailing address:

City:

State:

Zip code:

Email Address:

Have you ever applied for or received a Footsteps For The Fallen scholarship: Yes No

FOOTSTEPS FOR THE FALLEN

501c3 tax-exempt organization

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Full name of Firefighter, EMS First Responder or Law Enforcement Officer you are a dependent of:

Fire, EMS or Law Enforcement Department or Agency of employment or Volunteer for:

Certification number: TCPF: TDH:
SFFMA: TCLOE:

Phone number of Fire, EMS or Law Enforcement Department or Agency:

Name of Chief or Supervisor:

Estimated total annual household income:

- Under \$10,000
- \$10,001 - \$25,000
- \$25,001 - \$50,000
- \$50,001 - \$75,000
- \$75,001 - \$100,000
- Over \$100,000

Number of children in family:

Number of children at home:

Number of children in college:

List any financial assistance you have received or may receive for future education expenses:

-
-
-
-

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List each school you have applied at:

- Accepted yet: Yes No
- Accepted yet: Yes No
- Accepted yet: Yes No
- Accepted yet: Yes No

Degree field of interest or to major in:

-
-
-
-

High school:

Your class ranking:

Total number in class:

GPA:

Activities or clubs in high school or community:

-
-
-
-

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Future goals or dreams:

-
-
-
-

Provide “3” three references that are **NOT** family:

1. Full name: _____ Phone number: _____
Mailing address: _____
City: _____ State: _____ Zip code: _____
Relationship: _____

2. Full name: _____ Phone number: _____
Mailing address: _____
City: _____ State: _____ Zip code: _____
Relationship: _____

3. Full name: _____ Phone number: _____
Mailing Address: _____
City: _____ State: _____ Zip code: _____
Relationship: _____

I attest that all information and attached documents are to the best of my knowledge to be true and correct.

Signature of Applicant: _____