
**ROCKFORD ASSOCIATION FOR MINORITY MANAGEMENT
ROCKFORD FIRE DEPARTMENT
SCHOLARSHIP APPLICATION
DEADLINE: December 7, 2019**

Purpose and Intent

Rockford Association for Minority Management (RAMM) and the City of Rockford Fire Department have established an educational scholarship fund to assist minority students who wish to pursue careers related to the fire service.

Eligibility:

- Must be an African-American high school senior enrolled in a Winnebago County school
- Must have a minimum grade point average (GPA) of **2.75 on a 4.0 scale**.
- Plan to enter a career in the fire service, fire protection or prevention.
- **SUBMIT APPLICATION NO LATER THAN December 7, 2019.**

Required Documentation

- A completed **online** application. (*Reminder: Be sure to indicate whether the application is for a 2-year or 4-year college or university.*)
- **Official transcript** containing class rank and ACT/SAT scores.
- **Name and email information** of two individuals who can provide recommendations on your behalf. The applicant is responsible for providing the email contact of the two recommenders by **December 7, 2019.**
- **Online E-Signature**
- A **typewritten essay of up to 500 words** answering the following:
“Give an example of a time when you faced an emergency situation. What specific traits/characteristics did you demonstrate during this emergency that you feel are similar to traits/characteristics a firefighter should possess?”

EVALUATION CRITERIA

1. Academic performance based on ACT/SAT scores and high school grades.
2. Extra-curricular activities/employment.
3. Community service.
4. Oral and written communication skills based on personal statement and interview.
5. Name and email information of two individuals who can provide recommendations on your behalf.

TIMING

1. All information must be completed and received by **December 7, 2019, WITHOUT EXCEPTION.** Applications received after the deadline date – **December 7, 2019--** will not be accepted.

REMINDER –

ONLINE: Completed application with essay

REFERENCES: Please fill in the information requested at the top of each recommendation form and email the recommendation to each one of the references. They are responsible for sending it to rammrkfd@gmail.com.

U.S. MAIL: Official transcript mailed to:

**Rockford Association for Minority Management
PO Box 6703, Rockford IL 61125**

Attention: Scholarship Chairperson



2020 SCHOLARSHIP APPLICATION

PLEASE CHECK ONE: 2-Year 4-Year

LAST NAME FIRST NAME MIDDLE NAME DATE OF BIRTH

ADDRESS CITY STATE ZIP

PHONE: HOME CELL E-MAIL ADDRESS

PREFERRED METHOD OF CONTACT: HOME CELL E-MAIL

HIGH SCHOOL GRADUATION DATE HIGH SCHOOL COUNSELOR COUNSELOR'S PHONE #

PARENT OR GUARDIAN ADDRESS PHONE

PARENT(S) PLACE OF EMPLOYMENT PARENT(S) WORK ADDRESS & PHONE

PARENT(S) PLACE OF EMPLOYMENT PARENT(S) WORK ADDRESS & PHONE

TEST SCORES: ACT (Composite) _____ SAT (Composite) _____ Date _____

RETAKE: ____ Yes Date _____ No _____

Courses taken and the grades received for the junior and senior years of high school. If you do not know your grades for courses you are currently taking, approximate a grade based on test scores. -

JUNIOR COURSES	GRADES	SENIOR COURSES	GRADES

CLASS RANK _____ DATE: _____ CUMULATIVE GPA _____ DATE: _____

PLANNED COLLEGE MAJOR AND/OR CAREER GOAL

TWO SCHOOLS YOU ARE CONSIDERING

1. _____

2. _____



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COMMUNITY/CIVIC ACTIVITIES, ACADEMIC AWARDS OR EMPLOYMENT

List all extracurricular activities past or present. Include organizations and activities both in and out of school. Provide supplemental sheet if needed.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Scholarships or grants applied for/received; academic or community awards received.

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Current and previous employment. (Begin with most recent)

**Dates of
Employment**

Name and address of employer:

Career choices:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
|----------|----------|

REFERENCES

List the names, as well as email/phone contact information of two individuals other than relatives who will provide recommendations on your behalf. **Please inform your references the recommendation is due DECEMBER 7, 2019**

Name	E-Mail/Phone
Name	E-Mail/Phone

Applicant's E-Signature _____	Date / /2019
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2020 SCHOLARSHIP APPLICATION

ESSAY

NAME OF APPLICANT

Please type an essay of up to 500 words answering the following:

“Give an example of a time when you faced an emergency situation. What specific traits/characteristics did you demonstrate during this emergency that you feel are similar to traits/characteristics a firefighter should possess?”



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RECOMMENDATION #1

PLEASE FILL IN THE FOLLOWING INFORMATION AND FORWARD THE FORM TO THE RECOMMENDER.

APPLICANT	DATE OF REFERENCE:
NAME OF REFERENCE:	PHONE
EMAIL:	

Thank you for taking time to provide a reference for the above named individual. We would appreciate your candid assessment of the above named student by answering the following questions. **This reference is to be emailed to rammrkfd@gmail.com and received NO LATER THAN December 7, 2019. Documents received after the December 7, 2019 will not be accepted.**

1. Please detail how long you have known the applicant and define your current relationship to the applicant. (minimum 50 words)

2. Have you ever given the applicant an assignment to work on? ___ If yes, describe the assignment and how the applicant followed through with his/her portion of the duties or responsibilities?

3. Based on your experience with this individual, please list and describe three characteristics you find the applicant to possess. (minimum 100 words)

4. Please complete the following sentences regarding this applicant:
 - a. I would best describe this individual as

 - b. This person's strengths include

 - c. This person could be more effective if he/she worked to improve

5. Is there anything else you might be able to tell us about his individual that would help us to make a decision regarding the awarding of a scholarship to this applicant?



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RECOMMENDATION #2

PLEASE FILL IN THE FOLLOWING INFORMATION AND FORWARD THE FORM TO THE RECOMMENDER.

APPLICANT	DATE OF REFERENCE:
NAME OF REFERENCE:	PHONE
EMAIL:	

Thank you for taking time to provide a reference for the above named individual. We would appreciate your candid assessment of the above named student by answering the following questions. **This reference is to be emailed to rammrkfd@gmail.com and received NO LATER THAN December 7, 2019. Documents received after the December 7, 2019 will not be accepted.**

1. Please detail how long you have known the applicant and define your current relationship to the applicant. (minimum 50 words)
2. Have you ever given the applicant an assignment to work on? ___ If yes, describe the assignment and how the applicant followed through with his/her portion of the duties or responsibilities?
3. Based on your experience with this individual, please list and describe three characteristics you find the applicant to possess. (minimum 100 words)
4. Please complete the following sentences regarding this applicant:
 - a. I would best describe this individual as
 - b. This person's strengths include
 - c. This person could be more effective if he/she worked to improve
5. Is there anything else you might be able to tell us about his individual that would help us to make a decision regarding the awarding of a scholarship to this applicant?



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CONSENT FORM

I would like to be considered for additional funds from outside sources that may become available to RAMM scholarship applicants.

YES

NO

I hereby authorize RAMM to provide the information contained in this application to other scholarship sources.

Applicant's Name

Applicant's E-Signature

I, agree do not agree to allow RAMM to use my likeness (photo/interview video) for the RAMM Scholarship Committee review process and/or the RAMM Scholarship Program and presentations.

I, agree do not agree for RAMM to share my contact information for internship opportunities.

Please print parent(s) / guardian(s) name(s) as you would like them to be announced at the RAMM Scholarship Banquet. (You may list both parents if desired.)

Parent's or guardian's name

Parent's or guardian's name
