# Seattle’s Bravest Charity

517 2nd Avenue West • Seattle • WA • 98119 • (206) 285-1271

#### Affiliated with IAFF Local 27

April 1, 2020

Hello Scholarship Applicant:

Education is vitally important, and thanks to Fire Fighter Kenny Hoefner, Seattle's Bravest Charity (SBC) is excited to offer college scholarships again this year to the children and grandchildren of Seattle Fire Fighters.

This year you have two options to submit your application. The first option is to either hand deliver or mail all documents in one package and the second option is to email all documents as a single pdf file to [sbc@iaff27.org](mailto:sbc@iaff27.org). Regarding transcripts, if your educational institution will not give you an official, sealed transcript, please request that the school mail it directly to SBC at the above address. Transcripts that are sent directly from your school may arrive separately but must arrive or be postmarked by July 13, 2020. Official transcripts may also be sent electronically from your educational institution to [sbc@iaff27.org](mailto:sbc@iaff27.org).

**If you choose to either hand deliver or email the application, it must be received by July 13, 2020 by 3:00 pm. If you choose to mail it, the application must be postmarked by July 13, 2020.**

#### Best of luck and contact me if you have any questions. Sincerely,

Hilton Almond Secretary/Treasurer Seattle's Bravest Charity [sbc@iaff27.org](mailto:halmond@iaff27.org)

206.786.5983

Seattle’s Bravest Charity is a 501(c) (3) tax-exempt nonprofit organization.

Our tax-exempt number is 91-1674237.

Andy Sapier, President

Kym LeRoy, Vice President ∙ Hilton Almond, Secretary/Treasurer

**M. KENNETH HOEFNER SCHOLARSHIP FUND APPLICATION PROCESS**

### Review the "Eligibility Requirements for Selection" criteria to confirm eligibility to receive an award from the M. Kenneth Hoefner Scholarship Fund.

1. Submit a typed and completed application (pages numbered 3-7). **MUST BE TYPED**

### Submit two letters of recommendation from instructors or work/volunteer supervisors.

1. Submit official high school or college transcripts. \**If mailed, transcripts must be sealed and may arrive separately from your application. Official transcripts may also be electronically sent from your educational institution to* [*sbc@iaff27.org*](mailto:sbc@iaff27.org)*.*
2. Submit a 300-500 word essay found on page 6.
3. Submit Community Service Experience form(s).
4. Submit Work Experience form(s).
5. Submit signed "Terms of Scholarship Award" form.
6. Submit the completed\*\* application either via email to [sbc@iaff27.org](mailto:sbc@iaff27.org) or mail to:

**Seattle's Bravest Charity**

**c/o M. Kenneth Hoefner Scholarship Fund 517 2nd Ave W**

**Seattle, Washington 98119**

#### Hours of Operation: Monday-Friday 8am-3pm

Closed Holidays

Award notifications will be sent by email by August 21, 2020.

**Again, if you choose to either hand deliver or email the application, it must be received by July 13, 2020 by 3:00 pm. If you choose to mail it, the application must be postmarked by July 13, 2020.**

**\*\***A completed application package will include the following: typed application form, two letters of recommendation, official transcripts, essay, Community Service Experience form(s), Work Experience form(s), and signed “Terms of Scholarship Award” form. **Please make sure all documents arrive either in one package or emailed as a single pdf file, with one exception. If transcripts are either sent directly from your school or emailed, they may arrive separately.**

**M. KENNETH HOEFNER SCHOLARSHIP FUND ELIGIBILITY REQUIREMENTS FOR SELECTION**

To be eligible to receive a scholarship from the M. Kenneth Hoefner Scholarship Fund, an applicant must meet **all** of the following requirements:

* 1. The applicant must be a child, grandchild, or IRS qualified dependent of an active, retired or deceased fire fighter of the Seattle Fire Department.
  2. The applicant must currently be a high school senior, high school graduate or enrolled in an undergraduate program between the ages of 17 – 25 and must have maintained a cumulative GPA of 3.0 or above from the most recent educational institution attended.
  3. The applicant shall not have been convicted of any crime resulting in incarceration or

probationary sentences.

* 1. The applicant can either hand deliver, mail, or email a **completed scholarship application packet** (including typed application form, recommendation letters, essay, Community Service Experience form(s), Work Experience form(s), and the signed “Terms of Scholarship Award” form. Again, official transcripts may arrive separately.

Meeting all eligibility requirements does not guarantee a scholarship award. This is a competitive process. All award decisions will be based on academic performance, extracurricular activities, community service, essay, work experience and commitment to self-improvement.

##### Scholarship award notifications will be sent before or by August 21, 2020.

The M. Kenneth Hoefner Scholarship Fund awards scholarships to students without regard to their race, color, national and ethnic origin, sex or disability. All students who meet the eligibility requirements are invited to apply.

##### M. KENNETH HOEFNER SCHOLARSHIP FUND APPLICATION

First Name Last Name

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Phone Number Email

Age Date of Birth

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Date of HS Graduation

Click or tap here to enter text.

Home Address

Click or tap here to enter text.

Click or tap here to enter text.

Apartment City   
  
 State Zip Code

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Undergraduate Institution:

Semester/Year Applying For:

Custodial Parent/Guardian(s) Name(s)

Click or tap here to enter text.

Name of Seattle Fire Dept. Member  Active  Retired  Deceased

SFD Member Contact Phone (if deceased, spouse or closest kin) Relationship

Click or tap here to enter text.

List all educational institutions and dates attended starting from most recent, back to Grade 9.

If more space is needed, please attach additional pages.

Click or tap here to enter text.



Institution

Give the names and contact information of the two individuals you selected for personal recommendation letters.

The individuals you choose may not be friends or relatives. They may be instructors, coaches or work/volunteer supervisors.

Click or tap here to enter text.

Name   
  
 Phone   
  
 Email   
  
Relation to applicant

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Name   
  
Phone   
  
Email   
  
Relation to applicant:

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

## Community Service Experience Form

#### Please submit a community service experience form for each organization you volunteered with between July 1, 2017 to June 30, 2020.

Name of Organization: Name of Supervisor: Supervisor E-mail:

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Supervisor Phone:

Click or tap here to enter text.

Click or tap here to enter text.

#### Volunteer Hours: Per Day Week Month Other\*

\*If other, please specify:

Click or tap here to enter text.

#### Dates of Volunteer Work:

\*if currently volunteering with this organization please put today's date in "End" field.

#### Start: End\*:

Click or tap here to enter text.

Click or tap here to enter text.

Did you hold an Officer Position? If so, please list title:

Click or tap here to enter text.

Click or tap here to enter text.

Dates as Officer:

\*if currently an Officer with this organization, please put today's date in "End" field.

#### Start:

#### End\*:

Click or tap here to enter text.

Description of Volunteer Duties:

Click or tap here to enter text.

**Work Experience Form**

#### Please submit a work experience form for each business you worked for between July 1, 2017 to June 30, 2020.

Click or tap here to enter text.

Name of Company: Name of Supervisor:   
Supervisor Phone:

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Supervisor Email:

Click or tap here to enter text.

#### Work Hours: Per Day Week Month Other\*

Click or tap here to enter text.

\*If other, please specify:

#### Dates of Employment:

\*if currently employed by this company please put today's date in "End" field.

Click or tap here to enter text.

#### Start: End\*:

Click or tap here to enter text.

Did you hold a Supervisor Position? If so, please list title:

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Dates as Supervisor:

\*if currently a Supervisor with this company please put today's date in "End" field.

#### Start: End\*:

Click or tap here to enter text.

Description of Work Duties:



**M. KENNETH HOEFNER SCHOLARSHIP ESSAY**

In 300 to 500 words, please write about someone you know who inspires you and why. Please include your name at the beginning of the essay.

Please attach a separate word document with your name on it.



## M. KENNETH HOEFNER SCHOLARSHIP FUND AWARD TERMS OF AGREEMENT

All scholarship award recipients of the M. Kenneth Hoefner Scholarship Fund are subjected to the following terms:

1. Recipients are only to use scholarship awards for tuition, books, or other educational related expenses at an accredited institution of higher education. If it is discovered that the recipient did not use the scholarship award in this manner, then the award will be returned to the M. Kenneth Hoefner Scholarship Fund.
2. In order to receive this award, students must submit copies of receipts for either tuition, books, or room and board to SBC. Please either email a copy of the receipt to [sbc@iaff27.org](mailto:sbc@iaff27.org) or mail a copy to SBC @ 517 2nd Ave West, Seattle, WA 98119. You will **NOT** receive your award until we receive your receipts.

By signing this document, the M. Kenneth Hoefner Scholarship Fund applicant agrees that any reward he/she receives will only be used under the terms outlined above.

Click or tap here to enter text.

Click or tap here to enter text.

Applicant’s typed name Date

Applicant’s signature