

April 8, 2024

Hello Scholarship Applicant:

Retired Seattle Firefighter Kenny Hoefner believes that education is vitally important and thanks to him, Seattle's Bravest Charity (SBC) is excited to offer scholarships towards undergraduate college degrees, (graduate school is not eligible) trade, or vocational schools to the children, grandchildren, or IRS qualified dependents of Seattle Fire Fighters.

Your application must be electronically sent as a single PDF file (do not send via Google Docs or some other cloud based platform). However, an exception will be made for your official transcripts and letters of recommendation. If your educational institution or third-party vendor cannot email your official transcripts, then they can mail them to us. Likewise, if the person writing you letter of recommendation cannot email it to us, then they may also be mailed. The address is on the next page. For all electronic submissions, please use the following email address: sbc@iaff27.org.

Your application must be received by July 15, 2024 by 11:59 pm. If your transcripts and letters of recommendation are being emailed, then they must also be received by July 15, 2024. If they are being mailed, then they must be postmarked by July 15, 2024.

Lastly, any application that is incomplete or submitted after the deadline will <u>**not**</u> be accepted nor can you resubmit any missing items. However, you may reach out to me prior to the deadline to see what documents we have received so far.

All applicants will be notified if they are or are not receiving an award by the last week of August or beginning of September.

Best of luck and contact me if you have any questions or issues with your application but please do not contact the staff at the Seattle Fire Fighters Union office as they are not involved in the scholarship process and will not be able to answer your questions.

Sincerely,

Atro Alum

Hilton Almond Secretary/Treasurer Seattle's Bravest Charity sbc@iaff27.org C: 206-786-5983



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KENNETH HOEFNER SCHOLARSHIP APPLICATION

Electronically submit a **typed PDF** and completed application (do not send via Google Docs or some other online platform). Must include the following:

- a. Submit two letters of recommendation:
 - i. Must come from either an instructor, work/volunteer supervisor, or athletic coach. We will not accept letters of recommendation from either friends or relatives.
 - ii. Letters of recommendation must have a date and must be dated from this **year**. We will not accept letters of recommendations dated from previous years.
 - iii. Letters may be sent separately from your application by either mailing to the address below or emailing to sbc@iaff27.org.

b. READ THIS SECTION VERY CAREFULLY

Submit <u>official</u> transcripts from all educational institutions you have attended since the 9th grade (including any community colleges or jump start schools). **Even if you have applied**

before and submitted official transcripts, you must resubmit <u>all</u> of them again.

- i. Transcripts must include the **<u>current</u>** semester or quarter you are enrolled in.
- ii. Transcripts may be sent separately from your application by either mailing to the address below or emailing to <u>sbc@iaff27.org.</u>
- iii. Transcripts must be sent from either your educational institution or from a third-party vendor. We will **not** accept unofficial transcripts.
- iv. It is highly recommended that you save all emails, receipts, documentation, or screenshots from schools or vendors when requesting transcripts in case there is any issue with us receiving them.
- c. Review and sign the "Eligibility Requirements for Selection" criteria to confirm eligibility to receive an award found on page 3.
- d. Submit signed "Terms of Scholarship Award" form on page 4.
- e. Submit the required information on page 5.
- f. Submit Community Service Experience form(s), if you have any, starting on page 6.
- g. Submit Work Experience form(s), if you have any, starting on page 11.
- h. Submit Extracurricular Activities form(s), if you have any, starting on page 16.
- i. Write an essay on page 21.

If your transcripts or letters of recommendations are being mailed, mail them to the following address:

Kenneth Hoefner Scholarship c/o Seattle's Bravest Charity 517 2nd Ave W Seattle, Washington 98119



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KENNETH HOEFNER SCHOLARSHIP FUND ELIGIBILITY REQUIREMENTS

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

- 1. The applicant must be a child, grandchild, or IRS qualified dependent of a Seattle Fire Fighter who worked for the Department a minimum of five years and is either still employed, no longer employed, or deceased.
- 2. The applicant must meet the following criteria:
 - **a.** Be a high school graduate or will be a high school graduate by the time of the application deadline
 - b. Enrolled in an undergraduate program, trade, or vocational school
 - **c.** Be between the ages of 17 25
 - d. Must have a minimum of a 3.0 GPA over the last twelve months
- **3.** The applicant has never been convicted of any crime resulting in incarceration or probationary sentences.
- 4. The applicant must submit a <u>typed PDF</u> and completed application. We will not accept applications via Google Docs or any other cloud based program. Any application that is incomplete or submitted after the deadline will <u>not</u> be accepted nor can you resubmit any missing items past the due date.

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, work experience, letters of recommendation, and essay.

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

By typing in your name, you acknowledge the eligibility requirements outlined above.

Applicant's typed name

Date (m/d/yyyy)



KENNETH HOEFNER SCHOLARSHIP AWARD TERMS OF AGREEMENT

All scholarship award recipients of the Kenneth Hoefner Scholarship Fund are subject to the following terms:

1. Recipients are only to use scholarship awards for tuition, books, or other educational related expenses such as room and board at an accredited institution. If it is discovered that the recipient did not use the scholarship award in this manner, then the award will be returned to the Kenneth Hoefner Scholarship Fund.

2. To receive this award, student must submit copies of receipts for either tuition, books, or room and board to SBC. Please either email a copy of the receipt to <u>sbc@iaff27.org</u> or mail a copy to:

Kenneth Hoefner Scholarship c/o Seattle's Bravest Charity 517 2nd Ave W Seattle, Washington 98119

You will **NOT** receive your award until we receive your receipts.

By typing in your name, you agree to the terms and conditions outlined above.

Applicant's typed name

Date (m/d/yyyy)



Email

SEATTLE'S BRAVEST CHARITY

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KENNETH HOEFNER SCHOLARSHIP APPLICATION

First Name	La	st Name	
Phone Number	Ema	il	
Age Da	te of Birth (m/d/	ууу)	
Date of High School Graduation (m/d/yyyy)			
Mailing Address			
Apartment		City	
State		Zip Code	
School You Will be Attending:		Semester/Y Applying Fc	
Name of Seattle Fire Dept. Member			
Years employed with Seattle Fire Dept.		oyment Status: Employed	No Longer Employed Deceased*
*If deceased, provide name and phone # for a living re	elative (spouse o	r children):	
List all educational institutions and dates that you have institution listed here, you must provide official tra			
Institution			Dates Attended
Give the names and contact information for the two i an instructor, coach, or work/volunteer supervisor bu	individuals you ut <u>not</u> your frien	selected for per d or relative.	sonal recommendation letters. They may be
Name	Na	me	
Phone	Phor	e	

 Relation to applicant:
 Relation to applicant

 SEATTLE'S BRAVEST CHARITY IS A 501(C) (3) TAX-EXEMPT NONPROFIT ORGANIZATION.

Email





Community Service Experience Form

Submit a community service experience form for each organization you volunteered with between July 1, 2020 to June 30, 2024.

Name of Organization:					
Name of Supervisor:					
Supervisor Phone:					
Supervisor Email:					
Volunteer Hours:		Per Day	Week	Month	Other*
*If other, please specify:					
Dates of Volunteer Work: (If still currently volunteering with this	Start: (m/d/yyyy)				
organization, put "Present" for End date)	End:				
If you held a Leadership/Officer po	osition, please list the title:				
Dates in Leadership/Officer Role: (If still currently in this role with	Start: (m/d/yyyy)				
this organization, put "Present" fo End date)	r End:				
Description of Volunteer Duties:					





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Name of Supervisor:					
Supervisor Phone:					
Supervisor Email:					
Volunteer Hours:		Per Day	Week	Month	Other*
*If other, please specify:]
Dates of Volunteer Work: (If still currently volunteering	Start: (m/d/yyyy)				
with this organization, put "Present" for End date)	End:				
If you held a Leadership/Offi	cer position, please list the title:				
Dates in Leadership/Officer (If still currently in this role w this organization, put "Prese	ith Start: (m/d/yyyy)				
End date)	End:				

Description of Volunteer Duties:

Seattle's Bravest Charity is a 501(c) (3) tax-exempt nonprofit organization. Our tax-exempt number is 91-1674237.



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Name of Supervisor:					
Supervisor Phone:					
Supervisor Email:					
Volunteer Hours:		Per Day	Week	Month	Other*
*If other, please specify:					
Dates of Volunteer Work: (If still currently volunteering with this	Start: (m/d/yyyy)				
organization, put "Present" for End date)	End:				
If you held a Leadership/Officer position	n, please list the title:				
Dates in Leadership/Officer Role: (If still currently in this role with	Start: (m/d/yyyy)				
this organization, put "Present" for End date)	End:				
Description of Volunteer Duties:					





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Dates of Volunteer Work: (If still currently volunteering with this	Start: (m/d/yyyy)				_
organization, put "Present" for End date)	End:				
If you held a Leadership/Officer posit	ion, please list the title:				
Dates in Leadership/Officer Role: (If still currently in this role with this organization, put "Present" for	Start: (m/d/yyyy)				
End date)	End:				

Description of Volunteer Duties:





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Supervisor Email:						
Volunteer Hours:			Per Day	Week	Month	Other*
*If other, please specify:]
Dates of Volunteer Work:	•	Start: (m/d/yyyy)				
currently volunteering with this organization, put "Present" for End date)		End:				
If you held a Leadership/C	Officer positior	n, please list the title:				
Dates in Leadership/Officer Role: (If still currently in this role with		Start: (m/d/yyyy)				
this organization, put "Pres End date)	sent" for	End:				

Description of Volunteer Duties:



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Work Experience Form

Name of Company:					
Name of Supervisor:					
Supervisor Phone:					
Job Title:					
Work Hours:		Per Day	Week	Month	Other*
*If other, please specify:					
Dates of Employment: (If still currently employed by	Start: (m/d/yyyy)				
this company, put "Present" for End Date)	End:				
Indicate if you worked during	the Summer	or School Year	or Su	ımmer & Scho	ol Year
If you held a supervisory posi	tion, please list the tit	le:			
Dates as Supervisor: (If still currently a supervisor with this company, put	Start: (m/d/yyyy)				
"Present" for End date)	End:				
Description of work duties:					



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Work Experience Form

Name of Company:					
Name of Supervisor:					
Supervisor Phone:					
Job Title:					
Work Hours:		Per Day	Week	Month	Other*
*If other, please specify:					
Dates of Employment: (If still currently employed by this company, put "Present" for End Date)	, Start: (m/d/yyyy) End:				
Indicate if you worked during	g the Summer	or School Year	or Su	mmer & Scho	ol Year
If you held a supervisory po	sition, please list the ti	tle:			
Dates as Supervisor: (If still currently a supervisor with this company, put "Present" for End date)	Start: (m/d/yyyy) End:				
Description of work duties:					



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Work Experience Form

Name of Company:					
Name of Supervisor:					
Supervisor Phone:					
Job Title:					
Work Hours:		Per Day	Week	Month	Other*
*If other, please specify:					
Dates of Employment: (If still currently employed this company, put "Present" for End Date)	Start: (m/d/yyyy) by End:				
Indicate if you worked dur	ing the Summer	or School Year	or Su	mmer & Scho	ol Year
If you held a supervisory p	position, please list the ti	tle:			
Dates as Supervisor: (If still currently a supervis with this company, put "Present" for End date)	Start: or (m/d/yyyy) End:				
Description of work duties:					



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Work Experience Form

Name of Compar	ny:						
Name of Supervis	sor:						
Supervisor Phone	e:						
Job Title:							
Work Hours:				Per Day	Week	Month	Other*
*If other, please s	specify:						
Dates of Employn (If still currently er this company, put "Present" for End	nployed by	Start: (m/d/yyyy) End:					
Indicate if you wo	orked during	the Summer	or	School Year	or Sur	nmer & Scho	ol Year
If you held a supe	ervisory posi	tion, please list the til	tle:				
Dates as Supervis (If still currently a with this company "Present" for End	supervisor /, put	Start: (m/d/yyyy) End:					
Description of work of	duties:]



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Dates of Employment: (If still currently employed by this company, put "Present" for End Date)	Start: (m/d/yyyy) End:					
Indicate if you worked during	the Summer	or	School Year	or Su	mmer & Scho	ol Year
If you held a supervisory pos	sition, please list the ti	itle:				
Dates as Supervisor: (If still currently a supervisor with this company, put "Present" for End date)	Start: (m/d/yyyy) End:					
Description of work duties:						



Extracurricular Activities Form

(Includes social clubs, athletic teams, bands, etc.)

Name of Organization:						
Name of Coach/Supervisor:						
Phone for Coach/Supervisor:						
Email for Coach/Supervisor:						
Hours:			Per Day	Week	Month	Other*
*If other, please specify:						
Dates: (If still currently participating, put "Present" for End Date)	Start: (m/d/yyyy) End:					
lf you held a leadership positic	on, please list the	title:				
Dates: (If still currently in this role, put "Present" for End date)	Start: (m/d/yyyy) End:					
Description of participation:						



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Extracurricular Activities Form

(Includes social clubs, athletic teams, bands, etc.)

Name of Organization:						
Name of Coach/Supervisor:						
Phone for Coach/Supervisor:						
Email for Coach/Supervisor:						
Hours:			Per Day	Week	Month	Other*
*If other, please specify:						
Dates: (If still currently participating, put "Present" for End Date)	Start: (m/d/yyyy) End:					
If you held a leadership positior	n, please list the	title:				
Dates: (If still currently in this role, put "Present" for End date)	Start: (m/d/yyyy) End:					
Description of participation:						



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Phone for Coach/Supervisor:						
Email for Coach/Supervisor:						
Hours:			Per Day	Week	Month	Other*
*If other, please specify:						
Dates: (If still currently participating, put "Present" for End Date)	Start: (m/d/yyyy) End:					
If you held a leadership position	on, please list the t	title:				
Dates: (If still currently in this role, put "Present" for End date)	Start: (m/d/yyyy)					
Description of participation:	End:					



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Phone for Coach/Supervisor:						
Email for Coach/Supervisor:						
Hours:			Per Day	Week	Month	Other*
*If other, please specify:						
Dates: (If still currently participating, put "Present" for End Date)	Start: (m/d/yyyy) End:					
lf you held a leadership positi	on, please list the	e title:				
Dates: (If still currently in this role, put "Present" for End date)	Start: (m/d/yyyy)					
Description of participation:	End:					



Extracurricular Activities Form

(Includes social clubs, athletic teams, bands, etc.)

Submit an extracurricular form for each organization you participated in between July 1, 2020 to June 30, 2024.

Name of Organization:						
Name of Coach/Supervisor:						
Phone for Coach/Supervisor:						
Email for Coach/Supervisor:						
Hours:			Per Day	Week	Month	Other*
*If other, please specify:						
Dates: (If still currently participating, put "Present" for End Date)	Start: (m/d/yyyy) End:					
If you held a leadership positi	on, please list the	title:				
Dates: (If still currently in this role, put "Present" for End date)	Start: (m/d/yyyy)					
Description of participation:	End:					

SEATTLE'S BRAVEST CHARITY IS A 501(c) (3) TAX-EXEMPT NONPROFIT ORGANIZATION.

OUR TAX-EXEMPT NUMBER IS 91-1674237.



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ESSAY

In 300-500 words, pick an experience from your own life that has influenced your development, career path, or area to study in college and why.