Seattle's Bravest Charity

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

April 13, 2026

Hello Scholarship Applicant:

Seattle Firefighter Kenny Hoefner believed that education was 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 Firefighters.

To be considered, you must email a **completed and typed PDF application** (do not send via Google Docs, some other cloud based platform, or print off a hard copy to either mail or drop off at Seattle Firefighters Union Office). 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 your letter of recommendation cannot email it to us, then they may also be mailed. The mailing 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 13, 2026 by 11:59:59 pm. If your transcripts and letters of recommendation are being emailed, then they must also be received by July 13, 2026. If they are being mailed, then they must be postmarked by July 13, 2026.

Lastly, any application that is incomplete or submitted after the deadline will **not** 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 middle 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 Firefighters Union office as they are not involved in the scholarship process and will not be able to answer your questions.

Sincerely,

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

SEATTLE'S BRAVEST CHARITY
517 2ND AVENUE WEST • SEATTLE • WA • 98119 • (206) 285-1271

KENNETH HOEFNER SCHOLARSHIP APPLICATION

Email a **completed and typed PDF application** to sbc@iaff27.org (do not send via Google Docs, some other online platform, or print off a hard copy to either mail or drop off at the Seattle Firefighters Union Office). 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 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 **official** 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 *ALL* of them again.**
   i. **Transcripts must include the Spring semester/quarter that you are enrolled in now or just completed**
   ii. Transcripts may be sent separately from your application by either mailing to the address below or emailing to sbc@iaff27.org.
   iii. Transcripts must be official as 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.

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, WA 98119

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517 2ND AVENUE WEST • SEATTLE • WA • 98119 • (206) 285-1271

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 (from the previous tax filing year) of a Seattle Firefighter 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 **completed and typed PDF 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 ***not*** 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, and letters of recommendation.

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)

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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 must 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 sbc@iaff27.org or mail a copy to:

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

Seattle's Bravest Charity

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KENNETH HOEFNER SCHOLARSHIP APPLICATION

First Name | Last Name

Phone Number | Email

Age | Date of Birth (m/d/yyyy)

Date of High School Graduation (m/d/yyyy)

School You Will be Attending: | Semester and Year Applying For:

Name of SFD Member

Relationship to SFD Member | Years Employed with SFD

Employment Status: (Check one box) Still Employed ☐ No Longer Employed ☐ Deceased* ☐

*If deceased, provide name and phone # for a living relative (spouse or children):

List ***ALL*** educational institutions and dates that you have attended starting from most recent back to Grade 9. **Any educational institution listed here, you must provide official transcripts even if you have submitted them before.**

Institution	Dates Attended

Give the names and contact information for the two individuals you selected for personal recommendation letters. They may be an instructor, coach, or work/volunteer supervisor but ***not*** your friend or relative.

Name | Name

Phone | Phone

Email | Email

Relation to applicant: | Relation to applicant

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Community Service Experience Form

(Volunteer work that helped people of a particular community or specific area)

Submit a community service experience form for each organization you volunteered with between July 1, 2022 to June 30, 2026.

Name of Organization:

Name of Supervisor:

Supervisor Phone:

Supervisor Email:

Volunteer Hours:

Check one of the following boxes ☐ Per Day ☐ Per Week ☐ Per Month ☐ Other*

*If other, please specify:

Dates of Volunteer Work:
(If still currently volunteering with this organization, put "Present" for End date)

Start: (m/d/yyyy)

End: (m/d/yyyy)

If you held a Leadership/Officer position, please list the title:

Dates in Leadership/Officer Role:
(If still currently in this role with this organization, put "Present" for End date)

Start: (m/d/yyyy)

End: (m/d/yyyy)

Description of Volunteer Duties:

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Work Experience Form

(Includes a Paid or Unpaid Internship)

Submit a work experience form for each business you worked for between July 1, 2022 to June 30, 2026.

Name of Company:

Name of Supervisor:

Supervisor Phone:

Job Title:

Work Hours:

Check one of following the boxes

Per Day ☐ Per Week ☐ Per 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: (m/d/yyyy)

If you held a supervisory position, please list the title:

Dates as Supervisor:
(If still currently a supervisor with this company, put "Present" for End date)

Start: (m/d/yyyy)

End: (m/d/yyyy)

Description of work duties:

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Per Day ☐ Per Week ☐ Per Month ☐ Other* ☐

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Extracurricular Activities Form

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

Submit an extracurricular form for each organization you participated in between July 1, 2022 to June 30, 2026.

Name of Organization:

Name of Coach/Supervisor:

Phone for Coach/Supervisor:

Email for Coach/Supervisor:

Hours:

Check one of the following boxes ☐ Per Day ☐ Per Week ☐ Per Month ☐ Other*

*If other, please specify:

Dates:
(If still currently participating, put "Present" for End Date)

Start: (m/d/yyyy)

End: m/d/yyyy)

If you held a leadership position, please list the title:

Dates:
(If still currently in this role, put "Present" for End date)

Start: (m/d/yyyy)

End: (m/d/yyyy)

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