

# FIRE HAWK APPLICATION CHECKLIST

Use this checklist to insure that you have filled out all required forms and done the necessary steps for consideration of a Fire Hawk Scholarship. Retain this checklist and a copy of all of your application materials for your own records.

## Separately:

- Applied to MVCC by completing the Application for Admissions (either online at [www.MVCC.edu](http://www.MVCC.edu) or in paper format and submitted it). **NOTE:** If you have questions about your application status call the Admissions office at 792-5640.
- Complete the financial aid process by completing the current FAFSA (either online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) or in paper format and submitted). **NOTE:** If you have any questions call the Financial Aid office at 792-5415.
- Included acceptance documentation from MVCC Admission's office and any award letters regarding financial aid, grant, and /or scholarships. **NOTE:** Any questions regarding MVCC requirements, please contact Ms. Patti Antanavige at 315.792.5583 or [pantanavige@mvcc.edu](mailto:pantanavige@mvcc.edu)

## Fire Hawk Application Packet:

- Complete *Fire Hawk Application (2 pages)*.
- Volunteer Service Agreement — Sponsoring Agency* form completed and signed by your chief.
- Complete, sign, and date the *Volunteer Service Agreement—Volunteer* form.
- Have your chief complete, sign, and date the *Sponsoring Agency Verification & Tracking* form.
- Read, completed, signed, and dated the *Certification of Information/FERPA—Release of Academic and Financial Records* form.
- Complete, sign, and date the 2-page *Letter of Reference* form for each person you are asking to recommend you and obtained the completed forms from each person.
- Make a copy of the entire application for your own records.
- Drop off or mail (postmarked by the deadline date) the completed Fire Hawk application packet to:

**Oneida County Emergency Services  
c/o Fire Hawk Advisory Board  
120 Base Road  
Oriskany, NY 13424**

# **FIRE HAWK APPLICATION**

**READ CAREFULLY**

## **Application Checklist**

*All of the following are to be included in the application packet :*

- Fire Hawk Application with Training Timeline
- Volunteer Service Agreement—Sponsoring Agency
- Volunteer Service Agreement—Volunteer
- Certification of Information & FERPA
- Letter(s) of Reference
- Acceptance documentation received from MVCC/including financial aid award letters/grants

## **Applications Are Due no Later than:**

**July 15** – For Fall Admission (August start)

**November 10** – For Spring Admission (January start)

**The FAFSA should be filed *no later than two weeks before the Fire Hawk application deadline.***

- FAFSA: Free Application for Federal Student Aid (available online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) or contact MVCC Financial Aid Office)

## **APPLICANT NAME:**

*Last:* \_\_\_\_\_

*First:* \_\_\_\_\_

*Middle:* \_\_\_\_\_

## **Check One:**

Check One:  Associate's Degree       Certificate Program

Check One:  *Full-time*       *Part-time (minimum 6 credits required per semester)*

\_\_\_\_\_  
*Course of Study*

\_\_\_\_\_  
*Estimated Credits  
Required*

\_\_\_\_\_  
*Estimated  
Completion Date*

# FIRE HAWK APPLICATION

## Application Information

Applicant Name: \_\_\_\_\_

DOB: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_

Phone: H: ( ) W: ( ) C: ( )

Email: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Fire Chief: \_\_\_\_\_

Date Joined: \_\_\_\_\_

Explain how this program fits with your own educational, professional, and/or personal goals (provide as an attachment).

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Describe your plan for balancing commitments at home, work, school, and the sponsoring agency (provide as an attachment).

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Note: It is the responsibility of the Fire Hawk scholarship recipient to provide all required materials to the appropriate people by the deadlines set in order to remain eligible for continued sponsorship. This includes, but not limited to, any changes of address or name.

**CHIEF: Check one:**

- New Recruit***—a member of no more than six (6) months in good standing of a volunteer fire department/company.
- Active Firefighter***—actively involved in fire dept/co of more than six (6) months in good standing; trained to perform the function of fire prevention and suppression, and performs to their own department's minimum standards.

# FIRE HAWK VOLUNTEER SERVICE AGREEMENT—SPONSORING AGENCY

<b>APPLICANT NAME:</b>	
<b>APPLICANT D.O.B:</b>	
<b>SPONSORING AGENCY:</b>	<b>Fire Dept/Co #:</b>
<b>FIRE CHIEF NAME (Print):</b>	
<b>COURSE OF STUDY:</b>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
<b>INSTRUCTIONS: To be filled out once at time of application.</b> <b>Volunteer</b> is to fill out the top portion of this form. <b>Fire Chief</b> is to initial each statement below. Sign and date this form.  <p style="text-align: center;"><b>As a Sponsoring Agency, we commit to provide the following to the Fire Hawk Volunteer and, when applicable, to the Advisory Board:</b></p> <p>Initial next to each statement below.</p> <p>_____ Confirmation that the candidate has met all local requirements for acceptance into the membership of the Sponsoring Agency through the Sponsoring Agency Verification and Tracking Form.</p> <p>_____ A clear explanation of the Sponsoring Agency's requirements that the candidate must fulfill prior to, during, and following their course of study.</p> <p>_____ A copy of Sponsoring Agency by-laws, standard operating procedures, or other duties and requirements. Proper personal protection equipment.</p> <p>_____ Qualified training commensurate with agency, local, county, state, and national standards.</p> <p>_____ The Sponsoring Agency Verification and Tracking Form submitted on a semester basis to the Fire Hawk Advisory Board, indicating whether the Fire Hawk Volunteer is providing the Sponsoring Agency with an appropriate and acceptable level of volunteer service.</p> <p>_____ Opportunities for development, advancement in rank, varied experiences, and further training.</p> <p>Fire Chief Signature _____ Date _____</p>	

<b>FOR OFFICE USE ONLY:</b> DATE OF THE START OF APPLICANT'S SCHOLARSHIP: _____ Verified by: _____
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# FIRE HAWK: VOLUNTEER SERVICE AGREEMENT— VOLUNTEER

<b>APPLICANT NAME:</b>	
<b>APPLICANT D.O.B:</b>	
<b>SPONSORING AGENCY:</b>	<b>Fire Dept/Co #:</b>
<b>FIRE CHIEF NAME (Print):</b>	
<b>COURSE OF STUDY:</b> <span style="float: right;"> <input type="checkbox"/> Full Time  <input type="checkbox"/> Part Time         </span>	
<p><b>INSTRUCTIONS: To be filled out once at time of application.</b> Volunteer is to fill out this page in its entirety. Initial each statement below. Sign and date this form.</p> <p style="text-align: center;"><b>As a Fire Hawk Volunteer for the sponsoring agency, I agree to the following:</b></p> <p>Initial next to each statement below.</p> <p>_____ I agree to apply for all available sources of financial aid via the standard FAFSA (Free Application for Federal Student Aid) form and will use Fire Hawk funds only to supplement any costs not covered by other sources of financial aid, grants and/or scholarships. <b>Note:</b> Tuition and fees will be covered up to \$5000 annually. Books and supplies are not included.</p> <p>_____ I agree to fulfill the Sponsoring Agency’s volunteer activity and training requirements prior to, during, and following my course of study through the end of my service obligation.</p> <p>_____ I agree to a volunteer service term of three years from the date of the start of the scholarship.</p> <p>_____ I understand and agree that MVCC, the Fire Hawk Advisory Board, and other Oneida County offices, divisions, or departments will share my academic, financial, and volunteer firefighter service records and information in the necessary facilitation of such information to determine my initial and continued eligibility for scholarship assistance throughout all relative enrollment within the Fire Hawk program.</p> <p>_____ I agree to reimburse Oneida County for any and all funds received under the Fire Hawk program in the event that I do not fulfill my volunteer service commitment and/or maintain academic standards as established in the Fire Hawk Scholarship Recipient’s Guide and as covered in the MVCC catalog. I understand that Oneida County shall have the right to employ a collection agency and/or any other legal means to collect this debt, and assess against me all expenses incurred, including, without limitation, reasonable attorney’s fees.</p> <p>_____ I understand that this scholarship is subject to availability of Oneida County funding.</p>	

\_\_\_\_\_  
Fire Hawk Volunteer Signature

\_\_\_\_\_  
Date

# FIRE HAWK SPONSORING AGENCY VERIFICATION & TRACKING FORM

<b>APPLICANT NAME:</b>	
<b>APPLICANT D.O.B:</b>	
<b>SPONSORING AGENCY:</b>	<b>Fire Dept/Co #:</b>
<b>FIRE CHIEF NAME (Print):</b>	

**INSTRUCTIONS:** Each semester, Fire Chief is to fill out this form in its entirety for each Fire Hawk participant in the Sponsoring Agency. Sign and date below. Return form to the Fire Hawk Advisory Board (address below). In accordance with the requirements for the completion of the Fire Hawk Scholarship Program, I affirm that \_\_\_\_\_ has met all service requirements to maintain eligibility and is performing to the department's minimum standards.

<input type="checkbox"/> a new recruit <input type="checkbox"/> an active firefighter  Notes:	<input type="checkbox"/> terminated service on:  Date _____
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Print name of Sponsoring Agency _____ in the municipality/ of _____
_____ Fire Chief Signature <span style="float: right;">Date</span>

<b>FOR OFFICE USE ONLY</b>	
Check Appropriate Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<b>Comments:</b>  _____
<b>YEAR:</b> _____	<b>Date:</b> _____
<b>Verified by:</b> _____	_____

## **FIRE HAWK: Certification of Information**

By signing below, I hereby certify that the information supplied in this application is true to the best of my knowledge. I further understand that the credentials filed in support of this application will become the final property of MVCC and/or also that of any applicable office, division, or department of Oneida County.

### **FERPA—Release of Academic and Financial Records**

I hereby understand and agree that it will be necessary for MVCC, the Fire Hawk Advisory Board, my sponsoring agency, and possibly other Oneida County offices (as indicated above), to share various records and personal information of mine in order to determine my initial and continued eligibility for scholarship assistance as relative to my application to and enrollment in the Fire Hawk program.

I acknowledge that such information and records may include, but not necessarily be limited to:

- Education and/or academic records, such as transcripts, grades and attendance
- Financial information (financial aid information and/or determination)
- Other protected personal information (as defined by FERPA\*)
- Volunteer firefighter service records

By signing below, I hereby provide my permission for any and all pertinent information and/or records to be released and/or shared accordingly.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_

Please print name

\*MVCC is subject to the provisions of and complies with the Family Education Rights and Privacy Act of 1974 (“FERPA”). A statement of the college policy can be found in the student handbook and college catalog. FERPA defines an “educational record” as “those records, files, documents, and other materials” that (1) “contain information directly related to a student;” and (2) “are maintained by an educational agency or institution or by a person acting for such agency or institution.”

# LETTER OF REFERENCE FORM

## For recommendation to the Fire Hawk Program

### GENERAL

- At least one (1) letter of reference must be submitted to apply for the Fire Hawk program.
- Up to three (3) letters of reference may be submitted.

### SELECTING AN APPROPRIATE REFERENCE

- All applicants may submit a reference from an employer, work colleague, teachers or any other non-family member.
- Letters from family members are not acceptable.
- Individuals providing letters of reference must be familiar with your character and abilities.

### SUBMITTING THIS FORM

- The applicant should complete Section I of this form.
- This form, with Section I completed, and a self-addressed stamped envelope, should be given to the person who has agreed to provide a letter of reference (“the recommender”).
- The recommender should complete Section II of this form and send it in the self addressed stamped envelop, sealed, and signed over the seal, back to the applicant.
- The applicant should include this letter of reference (in its unopened, sealed, and signed envelope) with his/her application materials.

### **SECTION I: *TO BE COMPLETED BY THE APPLICANT***

#### **Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

#### **D.O.B**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

#### **RIGHT OF ACCESS WAIVER**

Fire Hawk program participants have access to the information in their files as maintained by MVCC and Oneida County. However, many recommenders choose not to provide letters of reference unless the confidentiality of those letters is ensured. Therefore, as provided for under the Family Educational and Privacy Act of 1974, the Fire Hawk program requests that the applicant complete the section below, indicating whether or not s/he waives his/her right to review this letter of reference. All letters of reference will be given equal consideration by the Fire Hawk Advisory Board, without regard to the applicant’s decision as indicated below.

- I do waive my right of access to this letter of reference. This letter **is strictly** confidential.
- I do not waive my right of access to this letter of reference. This letter **is not** confidential.



Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LETTER OF REFERENCE FORM

For recommendation to the Fire Hawk Program (p2)

## SECTION II: TO BE COMPLETED BY THE RECOMMENDER

Please type or print.

Applicant Name: \_\_\_\_\_

Applicant D.O.B. \_\_\_\_\_

Recommender Name: \_\_\_\_\_ Phone (W): \_\_\_\_\_

Address: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Email: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

**Complete the following table. Indicate your ratings with an "X" in the appropriate boxes.**

	Excellent	Very Good	Good	Fair	Poor
Ability to handle stress					
Responsibility and Accountability					
Reliability					
Time Management					
Attendance Record					

**Include a brief description of (1) this applicant's strengths and weaknesses, and (2) why you are or are not recommending this applicant for the Fire Hawk program.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on the back of this form or attach an additional sheet of paper)

**Check the level at which you recommend this applicant for the Fire Hawk program.**

\_\_\_\_\_ Strongly recommend

\_\_\_\_\_ Recommend

\_\_\_\_\_ Recommend with reservations

\_\_\_\_\_ Do not recommend

**Recommender's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1-14-10