

CHECKLIST

CANDIDATES MUST SUBMIT THE FOLLOWING ITEMS TO APPLY:

All of the listed items below must be completed.

Completed scholarship application.

The official academic transcript which includes cumulative GPA through the spring semester of the recently completed academic year.

Official proof of full-time enrollment for the fall semester.

Evidence of honors, leadership positions, volunteer activities, and other achievements.

Personal essay, not exceeding 700 words, summarizing personal and professional achievements and career goals.

Proof of US citizenship or permanent residency (i.e. birth certificate, naturalization papers or valid US passport).

Letters of recommendation from three (3) individuals excluding family members, including one academic reference, one personal reference and, if possible, one reference from the related first responder's employer.

A copy of the candidate's completed Free Application for Federal Student Aid (FAFSA).

A copy of the candidate's Student Aid Report (SAR).

A copy of the candidate's upcoming fall tuition bill and Financial Aid Award letter from the enrolled school.



First Responders Children's Foundation
CSX PRIDE IN SERVICE
 Scholarship Application Form

PLEASE CHECK ONE: New Applicant Renewal

PLEASE PRINT OR TYPE:

NAME (First, Middle, Last)	SOCIAL SECURITY #	DATE OF BIRTH
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PERMANENT ADDRESS	CITY	STATE	ZIP
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EMAIL ADDRESS	PHONE	How did you hear about CSX Pride In Service?
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1. **CITIZENSHIP (check one):** U.S. Citizen Permanent Resident
2. (Optional) **GENDER:** Female Male Other Prefer not to say
3. (Optional) **RACE:** Alaskan Native or American Indian Asian and Pacific
 Black or African American Hispanic or Latino White Other (specify)
 More than one Race
4. Name of accredited college, university or technical/vocational institution you will attend:
5. Class level for 2019 - 2020 academic year: Freshman Sophomore Junior Senior
6. Proposed Major:
7. Start date of 2019 - 2020 academic year:
8. What is your current cumulative student loan debt (excluding anticipated debt for the 2019 - 2020 academic year):
9. Name of parent or guardian under whose eligibility you are filing:

First Responder Department Information

- a) Badge Number
- b) Name of Department:
- c) Unit Assignment:

*Please note that your name, accolades, and photo (which we will ask for before announcing award) may be used on the FRCF website.

APPLICANT CERTIFICATION:

I certify that the information submitted on this application is true and correct to the best of my knowledge. I understand the First Responders Children's Foundation Scholarship award is for only one academic year. I further understand the scholarship may be renewed annually, as decided by the Committee and depending on availability of funds, so long as I am making satisfactory academic progress toward the completion of a Bachelor's degree, Associates degree, Certificate or Diploma at any eligible college, university or technical institute in the United States, I am registered as a full time student during the entire academic year and maintain a 2.7 out of a 4.0 grade point average or the equivalent.

SIGNATURE OF APPLICANT:

DATE: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN (if applicant is under the age of 18)

DATE: _____