

BROOME COUNTY FIRE CHIEF'S ASSOCIATION

Public Safety Facility / 153 Lt. VanWinkle Drive / Binghamton, New York 13905-



ERNEST S. YOUNGS TUITION ASSISTANCE PROGRAM

The objective of the Broome County Fire Chief's Association Tuition Assistance Program is to enhance, through academic achievement at the college level, the quality of leadership in the fire service of New York State.

The association will award tuition assistance each year, based on merit, to individuals pursuing a higher education in the fire sciences and related academic programs. Assistance awards will be a maximum of \$500.00 each year.

WHO IS ELIGIBLE:

Any person who is an active member of a fire department or fire company (career or volunteer) in Broome County and who has demonstrated proficiency as a member firefighter, is eligible to apply for tuition assistance to an accredited institution of higher education.

APPLICATION:

Applicants must complete all sections of the application (both sides) properly. **In addition, attach a statement of approximately 250 words explaining why you are applying for financial assistance and why you believe this course of program will be useful to you.** The Chief's Endorsement Form must be completed and sent directly to the association under separate cover by your chief.

NECESSARY DOCUMENTS:

The Ernest S. Youngs Tuition Assistance Program application form, a personal statement, Chief's Endorsement Form and if previous college level courses have been completed, a transcript and list of courses taken.

APPLICATION DEADLINE: **SEPTEMBER 30, 2016**

The deadline for submitting the Tuition Assistance application will be by Friday, September 30, 2016. Mail the application and supporting documentation to :

Broome County Fire Chief's Association
c/o Scholarship Committee
Broome County Office of Emergency Services
153 Lt. VanWinkle Dr.
Binghamton, NY 13905

SELECTION:

In evaluating the application, preference will be given to those demonstrating need, potential and initiative. Consideration also shall be given to the student's fire service position, program or course(s) selected and their relationship to the program objective.

HISTORY OF PROGRAM:

The award is named for the first Fire Coordinator of Broome County, Ernest S. Youngs. Mr. Youngs served the fire service for many years as Chief of the Port Crane Fire Company and County Fire Coordinator. In addition, the Youngs family operated the first Fire Dispatch Control Center for Broome County, voluntarily for many years out of their General Store and home in Port Crane. It was through the efforts and dedication of Coordinator Youngs that the fire service progressed in this county through those years.

This program was implemented in his memory by the Broome County Fire Chief's Association.

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M E M O R A N D U M

TO: All County Fire Personnel
FROM: Tom Vroman, BC Fire Chiefs Award Committee
DATE: September 6, 2016
SUBJECT: **ERNEST S. YOUNGS TUITION ASSISTANCE PROGRAM**

The Broome County Fire Chiefs Association is, again, sponsoring the annual ERNEST S. YOUNGS TUITION ASSISTANCE PROGRAM. Attached is the application form for the program. Please note that the **application deadline is SEPTEMBER 4th** and that there are certain criteria that **MUST** be fulfilled in order to have a complete application package. The award will be given at the October 1st Fire Chief's meeting.

Incomplete application packages **will not** be returned to be completed. It is the responsibility of the applicant to make sure the applications are complete.

Additional applications may be obtained by calling me at 778-1887.

Thank you.

Attachment

BROOME COUNTY FIRE CHIEF'S ASSOCIATION

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ERNEST S. YOUNGS TUITION ASSISTANCE PROGRAM CHIEFS' ENDORSEMENT FORM

CONFIDENTIAL

PLEASE TYPE OR PRINT

Name of Applicant: _____

As an applicant for an Ernest S. Youngs Tuition Assistant Program, I authorize Chief _____ to complete this recommendation form for the Broome County Fire Chiefs' Association's use in evaluating my application.

Applicant's Signature: _____ Date: _____

Name of Applicant's Fire Department: _____

Is applicant an active member in good standing? Yes _____ No _____

Number of years of membership _____

Positions Held	Years
_____	_____
_____	_____
_____	_____
_____	_____

Recommended by Chief _____ Not Recommended by Chief _____

Reasons _____

Chief's Name _____

Address _____

City _____ Zip _____

Phone _____

Chief's Signature _____

APPLICATION FOR ERNEST S. YOUNGS TUITION ASSISTANCE PROGRAM

Last Name First Name MI Name of Department

Address/Number & Street Number & Street

City State Zip City State Zip

Telephone Number _____

Annual Income: _____ (Approximate) Age: _____

Type of Department: Paid _____ Volunteer _____ Other _____

Education (Circle Highest) : High School 1 2 3 4 College 1 2 3 4

Other: _____

Are you eligible for, or are you receiving, educational funding from another source? Yes _____ No _____

If yes, explain: _____

Name of College: _____ Course Date _____ To _____

Address: _____ No. credits Granted: _____

Number of Semesters: _____ Tuition Cost: _____

Description of Course(s): (From College Catalogue or Attached Copy)

1. In applying for the Award, I am aware that any amount of the Award is to be applied against my tuition. In the event the tuition for the course or program selected is less than the amount of tuition, and I have no claim against the Broome County Fire Chiefs' Association or the college for the excess.
2. I understand that the Association reserves the right to limit the number of awards given each year.
3. I agree to return to the BCFCA an amount equal to the BCFCA Award should I withdraw from the fire related courses or programs prior to formal completion of such courses or programs.
4. I also agree to submit to the BCFCA an official college transcript at the end of each semester for which tuition award was given.
5. I declare that all statements made in this application are complete and correct to the best of my knowledge; and I agree to abide by the Award rules set forth above.

Applicant's Signature _____ Date _____

APPLICATION FOR ERNEST S. YOUNGS TUITION ASSISTANCE PROGRAM

Two personal references are required. By submitting this application you authorize BCFCA to contact the persons listed as references concerning your application.

Personal References: (Two Required)

Name _____

Name _____

Street _____

Street _____

City _____

City _____

State/Zip _____

State/Zip _____

Telephone _____

Telephone _____

Association Committee Assessment and Recommendation

Not Recommended _____

Recommended _____

Award \$ _____

Reasons _____

Date _____

Chairman's Signature _____