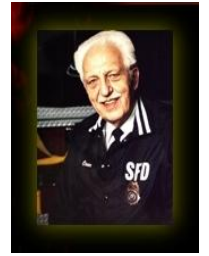




**SEWARD VOLUNTEER FIRE DEPARTMENT
OSCAR WATSJOLD MEMORIAL SCHOLARSHIP
2024 APPLICATION**



PURPOSE

The Seward Volunteer Fire Department (SVFD) exists to protect life and property through education, prevention, and suppression. Oscar Watsjold (1917-2011) was Chief of the Seward Volunteer Fire Department from 1962-1982, and stayed on after that as a devoted volunteer for the remainder of his life. His 69 years of dedicated service exemplify the community spirit upon which Seward thrives. As part of Oscar's legacy, the *SVFD Oscar Watsjold Memorial Scholarship* provides educational funding to members of SVFD and their immediate family members pursuing continuing education, and community members pursuing careers/degrees in emergency services (fire, EMS or law enforcement) or nursing/medicine.

ELIGIBILITY

While preference is given to SVFD members and immediate family members as described below, persons not related to SVFD or its members are also eligible, as long as they are pursuing a degree in Emergency Services, Nursing or Medicine.

All applicants must be from the Seward / Bear Creek / Moose Pass / Lowell Point area. Current students must have a "C" average or better. Preference will be given to eligible applicants in the following order:

1. Immediate family of active members
2. Former recipients of the SVFD Oscar Watsjold Memorial Scholarship
3. Members of SVFD in good standing
4. Children or grandchildren of a former member
5. Any high school graduate of the Seward / Bear Creek / Moose Pass / Lowell Point area**

**Applicants must be pursuing education in emergency services (fire, EMS or law enforcement) or nursing/medicine

DEADLINE

All applications must be received at Seward Volunteer Fire Department by 5:00 pm on Friday, April 5, 2024. Applications may be submitted via email, regular mail, fax, or in person:

Seward Volunteer Fire Department
PO Box 832
316 Fourth Avenue
Seward, AK 99664
Phone: (907) 224-3445
Fax: (907) 224-8633
Email: svfd@sewardfire.com

DISTRIBUTION

A minimum of \$1,500 (USD) will be distributed through the 2024 Seward Volunteer Fire Department Oscar Watsjold Memorial Scholarship. Multiple recipients may be selected; notification of award will be given by May 15. Payment shall be made directly to the recipient(s) once verification of enrollment in continuing education is provided.

APPLICATION CHECKLIST

- Application Form
- Letter of Recommendation
- Letter of Acceptance from College/University/Technical School you will be attending
- Copy of Diploma, GED, or Letter from Graduating School
- Copy of Most Recent Transcript

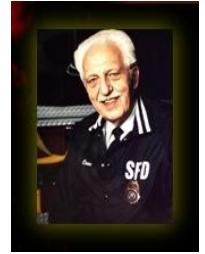
DEFINITIONS

- **“Member”** shall mean any member with the Seward Volunteer Fire Department who is in good standing (according to SVFD’s constitution) and is no longer on probation.
- **“Immediate Family”** shall mean any spouse, sibling, child, or grandchild of a member.
- **“Former Member”** shall be any member who was a member of SVFD for a minimum of two years and resigned while in good standing.

If you have any questions about the SVFD Oscar Watsjold Memorial Scholarship, please contact the Scholarship Committee at the Seward Fire Department at (907) 224-3445 or svfd@sewardfire.com.



SEWARD VOLUNTEER FIRE DEPARTMENT
OSCAR WATSJOLD MEMORIAL SCHOLARSHIP
2024 APPLICATION FORM



Last Name: _____ First Name: _____

Email: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

High School Attended: _____

Address of school: _____ City: _____ State: _____ Zip: _____

Address of school: _____ City: _____ State: _____ Zip: _____

Date of graduation or GED: _____

Please include a copy of the Diploma/GED, or a letter from the school stating you will be eligible for receiving such by the end of this school year.

Name of College/University/Technical School you will be attending: _____

Planned Major: _____ Semester you will be starting: _____

Major: _____ Semester you will be starting: _____

Please include a letter from the school stating you are enrolled as a student for the coming school year.

Are you related to a current or former SVFD member? Yes No

If yes, name of member related to: _____ Relationship: _____

In 100 words or less, please explain why you should receive this scholarship award (use additional sheet if necessary):

This information will be used only for consideration by the SVFD Scholarship Committee, and will be treated confidentially. I verify that the above and attached information is true to the best of my knowledge. I understand that, if chosen as a recipient, prior to the acceptance of this scholarship award, I must present to the SVFD Scholarship Committee verification that I am enrolled for continuing education. I also understand that if I do not present SVFD with the required documentation or if I do not continue my education after receipt of this scholarship award, that I may be requested to return the award to the SVFD so it can be given to future scholarship recipients.

Signature of Applicant

Date