



Independent Insurance Agents of Westchester County, Inc.

**IIAWC Westchester County
Volunteer Firefighters Scholarship Foundation, Inc.**



In cooperation with the Westchester County Volunteer Firemen's Association, Inc.

In Memory of Robert J. Schnibbe Jr.

Background on Scholarship:

When Battalion Chief Robert Schnibbe, who was also a Westchester Independent Agent, died at the scene of a fire in Irvington in 2006, the Independent Insurance Agents of Westchester County (IIAWC) wanted to do something to recognize the commitment of Volunteer Firefighters to the Westchester Community. After consulting with the Westchester County Volunteer Firemen's Association, (WCVFA), the IIAWC decided to establish a Scholarship Foundation to provide scholarships to the sons and daughters of Westchester volunteer firefighters and EMS workers.

Eligibility:

- High School Seniors (2024) who are children of volunteer firefighters and/or junior firefighters/explorers or EMS workers that live or work in Westchester County who plan to further their training and/or education upon completion of high school. Post high school training includes college, vocational training or an accredited program leading to a degree, certification or license, provided that it is the principal activity of the applicant after high school.

Scholarship:

- Two scholarships will be awarded to a son or daughter of a Westchester County Volunteer Firefighter or EMS worker each year.

Instructions for Completing Scholarship Application:

- Applicant must complete all forms (A, B, C, D and E).
- Have the Chief of your department complete form (F).
- All applications must be completed in full. Incomplete applications will be void.
- An official transcript of last grade period must be included, or mailed from the school.

Deadline: All applications must be received by 05/31/2024.

Return Applications to:

Neil Bush
Allan Block Agency
24 South Broadway
Tarrytown, NY 10591

Questions: Contact Neil Bush at (914) 703-3146 * nbush@allanblockinsurance.com



Scholarship Application

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**INDEPENDENT INSURANCE AGENTS
OF WESTCHESTER COUNTY**

**IIAWC VOLUNTEER FIREFIGHTERS
SCHOLARSHIP FOUNDATION**

**IN COOPERATION WITH THE
WESTCHESTER COUNTY VOLUNTEER FIREMEN'S ASSOCIATION, INC.**

For Information:
Neil Bush
Allan M. Block Agency, Inc.
(914) 703-3146
nbush@allanblockinsurance.com

FORM A

APPLICANT'S NAME _____

ADDRESS _____

CITY/TOWN _____

STATE _____ ZIP + 4 _____

TELEPHONE NUMBER (____) _____

E-MAIL ADDRESS _____

WHO IS THE MEMBER OF A VOLUNTEER FIRE DEPARTMENT OR DISTRICT IN WESTCHESTER COUNTY?

I AM, AS THE APPLICANT
OR
FAMILY MEMBER

NAME _____

RELATIONSHIP _____

NAME OF
VOLUNTEER DEPARTMENT/DISTRICT _____

LENGTH OF SERVICE _____

TITLE _____

DEPARTMENT NAME _____

ADDRESS _____

CITY/TOWN _____

STATE _____ ZIP + 4 _____

CHIEF OF DEPARTMENT (NAME) _____

CHIEF'S TELEPHONE NUMBER (____) _____

FORM B

NAME OF HIGH SCHOOL _____

ADDRESS _____

CITY/TOWN _____

STATE _____ ZIP + 4 _____

GUIDANCE DIRECTOR/COUNSELOR _____

TELEPHONE NUMBER () _____

GPA OR CLASS RANK _____

NAME OF SCHOOL YOU WILL BE ATTENDING IN FALL, 2024 _____

ADDRESS _____

CITY/TOWN _____

STATE _____ ZIP + 4 _____

TELEPHONE NUMBER () _____

AREA OF STUDY OR DEGREE _____

TUITION COSTS PER YEAR (INCLUDING R/B) _____

Two IIAWC/WCVFA scholarships will be awarded to a son or daughter of a Westchester County Volunteer Firefighter each year.

FORM C

LIST EXTRA CURRICULAR ACTIVITIES: Clubs, Sports, Organizations, etc. (Please include dates.)

IN SCHOOL	OUTSIDE OF SCHOOL

LIST VOLUNTEER WORK, COMMUNITY SERVICE

IN SCHOOL	OUTSIDE OF SCHOOL

LIST AWARDS OR HONORS

ARE YOU EMPLOYEED?

YES NO

FULL TIME PART TIME

CIRCLE ONE

CIRCLE ONE

IF EMPLOYEED, BY WHOM: _____

JOB DESCRIPTION: _____

FORM E

PARENT(S)/GUARDIAN(S) NAMES _____

ADDRESS _____

CITY/TOWN _____

STATE _____ ZIP + _____

TELEPHONE NUMBER () _____

OCCUPATION(S) _____

TOTAL HOUSEHOLD INCOME PER YEAR \$ _____

ARE YOU RECEIVING ANY GRANTS, ENDOWMENTS OR SCHOLARSHIPS? YES NO
CIRCLE ONE

IF YES, LIST

NAME	AMOUNT

COST OF EDUCATION (PER YEAR) _____

AMOUNT OF AID _____

BALANCE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

