



Eliot Spitzer, Governor

New York State Higher Education Services Corporation

99 Washington Avenue • Albany, New York 12255

1-888-NYSHESC (697-4372)

www.hesc.org



2008 Series New York State Volunteer Recruitment Service Scholarship

Completed Application Must be Postmarked by May 1, 2008

APPLICANT INFORMATION PLEASE PRINT OR TYPE

1. Social Security Number [grid] 2. Date of Birth (Use numbers only) [grid] 3. Last Name [grid] First Name [grid] MI [grid] 4. Address: number, street, apartment [grid] 5. City or Town [grid] State [grid] Zip Code [grid] 6. Name of College\Institution [line] Address [line] City, State, Zip [line] HESC USE ONLY [grid] College Code [line] 7. In what month and year will you or did you begin college? [grid] 8. Telephone No. [grid]

APPLICANT AFFIRMATION

9. I affirm the information herein is true, and will be accepted for all purposes as the equivalent of an affidavit. A false statement shall subject me to the same penalties for perjury as if I had been duly sworn. I affirm I am an active member of the volunteer organization identified below. I understand this is not an entitlement program and I must comply with all of the eligibility requirements listed on page 2 of this application for the duration of the scholarship. I consent to the verification by NYS Higher Education Services Corp. (HESC) of any statement made herein. I further consent to the release by HESC of such information as may be provided by law or regulation in the course of financial aid program administration. I understand I must attend an eligible college or institution located within 50 miles of the volunteer organization identified on line 10 below, or if none exists, the nearest college/institution, regardless of available programs of study, or I will be entering into a joint service agreement (see page 2 - Who is eligible). Signed [line] Date [line] E-mail Address [line]

VOLUNTEER ORGANIZATION INFORMATION (to be completed by Chief or Captain)

10. Name of Volunteer Fire or Ambulance Company/Department [line] Address [line] City, State, Zip [line] 11. The above applicant became an active member of our organization on [grid] Month Day Year

CHIEF/CAPTAIN AFFIRMATION

12. I affirm the information herein is true and the volunteer organization is an ambulance company as defined in section three of the volunteer ambulance workers' benefit law or fire company as defined in section three of the volunteer firefighters' benefit law. This information will be accepted for all purposes as the equivalent of an affidavit and if it contains a false statement, shall subject me to the same penalties for perjury as if I had been duly sworn. I affirm the college or institution identified on line 6 above is within 50 miles of the volunteer organization identified on line 10 above, or is the nearest college/institution, or I have/will enter(ed) into a joint service agreement (see page 2 - Who is eligible).

Print Name/Title [line] Signature [line] E-mail Address [line] TELEPHONE NO. [grid] Date [line]

New York State Volunteer Recruitment Service Scholarship

Who is eligible

Volunteer firefighters and ambulance personnel who:

- * Have been New York State residents for at least one year.
- * Are enrolled in an approved undergraduate degree program in New York State.
- * Have a course load of at least six credits per term.
- * If 23 years of age or older, have fewer than six months of volunteer service at time of initial award.
- * If under 23 years of age, no minimum or maximum time of volunteer service is required at time of initial award.
- * Are not in possession of a baccalaureate degree or higher.
- * Are attending an eligible college/institution within 50 miles of the volunteer organization, or if no college is available within this 50 mile limit, the nearest college/institution. Program of study is not a determining factor.

Note: Legislation allows for an exception to the 50 mile radius requirement if you enter into a Joint Agreement with your company and a "Host" company whose service area contains the school where you are enrolled.

- * Have a high school diploma or equivalent.
- * Have applied for state and federal financial aid.

How to apply

- * Volunteer organization selects one eligible candidate per year.
- * Volunteer organization must develop a policy to be used to select a candidate. If the policy is not already on file, that written policy must be forwarded to HESC with the application in an envelope postmarked by May 1, 2008.
- * Volunteer organization submits completed application to NYSHESC at the address below in an envelope postmarked by May 1, 2008.
- * A volunteer organization means ambulance company as defined in section three of the volunteer ambulance workers' benefit law or fire company as defined in section three of the volunteer firefighters' benefit law.

Recipient Selection

- * If the number of applicants exceeds funding for the program, NYSHESC shall randomly select recipients from the applicant pool. Receipt of the scholarship in future years is based on funding with preference given to renewal scholarships.

Recipient Requirements

- * Maintain good academic standing.
- * Maintain a "C" average.
- * Maintain status as an active volunteer with the volunteer organization for the duration of scholarship.
- * Maintain continuous enrollment in college/institution for duration of scholarship.
- * File for state and federal financial aid.

Award Payment

- * Payment will be made to college/institution on behalf of students upon certification of eligibility.
- * Awards will equal the amount of tuition, reduced by any tuition-based grant, but cannot exceed the amount of tuition charged by the State University of New York.
- * Recipients will continue to receive benefits as long as they are continuously enrolled, meet the eligibility requirements and funding is available.

**NYS Higher Education Services Corporation
Scholarship Unit
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Albany, NY 12255**

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