New York State Higher Education Services Corporation
99 Washington Avenue • Albany, New York 12255
(888) NYSHESC (697-4372)
www.hesc.org

HESC
We Help People Pay For College

George E. Pataki, Governor

2005 Series New York State Volunteer Recruitment Service Scholarship for Volunteer Fire and Ambulance Recruits

KEY!

Completed Application Must be Postmarked by August 1, 2005

VVFC Members: Please provide us with the information requested in this top portion of this form, including

PLEASE PRINT OR TYPE

APPLICANT INFORMATION

1. Social Security Number
2. Date of Birth (Use numbers only) Month Day Year
3. Last Name First Name MI
4. Address: number, street, apartment
   City or Town State Zip Code
5. Name of School/Institution
   Address
   City, State, Zip
   HESC USE ONLY College Code
6. In what month and year will you or did you begin college? Month Year
7. Enrollment Status: FULL-TIME ☐ PART-TIME ☐
8. TELEPHONE NO.

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. Otherwise I am ineligible for this scholarship.**

(4) Signed → You will sign final one approved by the VVFC Board of Directors. Date

E-mail Address

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

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

VVFC Board of Directors and Chief will fill this section out.

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 5 above is within 50 miles of the volunteer organization identified on line 10 above, or is the nearest college/institution.

Print Name TELEPHONE NO.
Signature
E-mail Address Date