



Stark State  
College of  
Technology

*Fire Data Exchange  
Association*

*David L. Shuster Memorial  
Scholarship  
Application*



***FIRE DATA EXCHANGE ASSOCIATION  
DAVID L. SHUSTER MEMORIAL SCHOLARSHIP***

ELIGIBILITY	Candidates must be high school graduates or have a GED and enrolled in a minimum of 3 credit hours in Fire Science Technology. Must have chief officer complete the attached recommendation form, if applicable. Must not be receiving 100% tuition reimbursement from their fire department.
SCHOLARSHIP	The scholarship amount may vary, but is intended to help defray the cost of instructional and general fees, books and supplies.
SELECTION	Selection of the recipient will be determined in the following manner: First preference will be given to professional, volunteer or combination firefighters with a minimum of one year of service working in Stark or Summit County. Second preference will be given to persons living in Stark County who are not certified firefighters, but who wish to pursue the associate degree program. The scholarship could be considered for renewal if the recipient maintains a minimum 2.7 grade point average and completes the Renewal Application Form. Third preference will be given to persons living outside of Stark or Summit County.
DEADLINE FOR FILING	June 1 (Fall semester)      Dec. 1 (Spring semester) If all scholarships are not awarded by the deadline, the selection will continue on a first-come, first-serve basis.
NOTICE OF AWARD	July 1 (Fall semester) Dec. 15 (Spring semester)

**INSTRUCTIONS**

The candidate shall complete the attached application form. The application, grade transcript(s), and recommendation form are to be forwarded to:

Financial Aid Office  
Stark State College  
6200 Frank Avenue NW  
Canton, Ohio 44720

**FIRE DATA EXCHANGE ASSOCIATION  
DAVID L. SHUSTER MEMORIAL SCHOLARSHIP**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Applying for school year: \_\_\_\_\_

**CHIEF OFFICER RECOMMENDATION**

Will applicant receive tuition reimbursement? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what percentage will it be? \_\_\_\_\_ Applicant's beginning service date: \_\_\_\_\_

Fire Department: \_\_\_\_\_

**Comments (optional):**


Fire Chief / Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County: \_\_\_\_\_

**Applicant's Comments:**


**Release of Information**

I authorize the Financial Aid Office at Stark State College to exchange financial, academic, and other information deemed necessary in determining my eligibility for this scholarship. I also agree to the release of my information for public relations and/or news release in conjunction with this scholarship. In signing this application, I certify that the information given is complete and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date