



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.

**Eligibility:**

- High School Seniors (2010) who are children of volunteer firefighters and junior firefighters/explorers 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 of at least \$1,500 each will be awarded to a son and daughter of a Westchester County Volunteer Firefighter 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 04/01/2010.**

**Return Applications to:**

**IIAWC c/o Allan Block Insurance  
24 South Broadway  
Tarrytown, New York 10591**

**Questions: Call:** The Beaumont Group  
Sue Barros, IIAWC Executive Director  
(212) 867-0228

January 10



## 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: IIAWC c/o Allan Block Insurance, 24 South Broadway, Tarrytown, New York 10591  
914-631-4353 x 140 [mblack@ambins.com](mailto:mblack@ambins.com)

January 10

# 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, 2010 \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_

STATE \_\_\_\_\_ ZIP + 4 \_\_\_\_\_

TELEPHONE NUMBER ( ) \_\_\_\_\_

AREA OF STUDY OR DEGREE \_\_\_\_\_

TUITION COSTS PER YEAR (INCLUDING R/B) \_\_\_\_\_

*Two IIAWC/WCVFA scholarships of at least \$1,500 each will be awarded to a son and daughter of a Westchester County Volunteer Firefighter each year.*

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# 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: \_\_\_\_\_

Mail to: IIAWC c/o Allan Block Insurance, 24 South Broadway, Tarrytown, New York 10591

January 10



# 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 \_\_\_\_\_

