



Delaware County Firefighters' Association

280 Phoebe Lane, Suite #3

Delhi, New York 13753

Volunteers Serving Since 1940

Delaware County Firefighters Association

Michael T. Harrington Memorial Scholarship Award

As a thank you to families of Delaware County Firefighters Association members and to acknowledge their sacrifices throughout the years, DCFA has created a scholarship in memory of Michael Harrington, Sr. to help ease the financial burden of higher education by awarding two \$300 scholarships each year.

The chosen DCFA committee are tasked with the important process of judging the applications, essays, and letter of recommendation for awarding these scholarships. Applicants receiving the highest scores will be awarded scholarships.

Presentation of the scholarship awards will be done at the local school or sponsored Fire Department.

Award Criteria:

Student applicants must meet the following criteria to be eligible for the DCFA MTH Scholarship award.

1. Must be enrolled full time in an accredited institution of higher learning for the upcoming year.
2. Must qualify under *one* of the following four categories.
 - A. Must be a current member of DCFA, to include firefighters, junior firefighters, or explorers.
 - B. Must be a current member of a department in Delaware County which is a member of DCFA
 - C. Must be the child/grandchild of a member of DCFA
 - D. Must be the child/grandchild of a DCFA member who died in the line of duty.

Supporting Documentation Required:

1. Certificate of acceptance from institution of higher learning
2. Letter of recommendation
3. One page essay on "How the fire service has affected my life" or "What the fire service means to me."

Deadline: Applications must be received by April 30, 2024

Submit Applications to: Delaware County Firefighters Association, 280 Phoebe Lane, Suite 3, Delhi, NY 13753
or email to dallis.wright@co.delaware.ny.us

Applicants Information:

Name: _____

Address: _____

Phone: () _____ High School: _____

Institution of Higher Learning: _____

Parent / Grandparent / Legal Guardian Information:

Name: _____

Address: _____

Phone: () _____

Department Information & Fire Chief / Advisor Information:

Name: _____

Address: _____

Phone: () _____

Chief / Advisors Signature: _____ Date: _____

Applicant Certification:

I certify that all the information and supporting documents are true to the best of my knowledge and I understand that false information may disqualify me from the consideration for this award.

Signature: _____ Date: _____

DCFA Scholarship Committee Chairperson Certification:

I certify that the above applicant is a member or child/grandchild of a DCFA Member or a member of a department that belongs to DCFA. I further certify that the application was postmarked by April 30, 2024

Signature: _____ Date: _____